

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2

CERTIFICATE OF DEATH

01679

Reg. Dist. No. 138

1. PLACE OF DEATH: Frederick
 County: Frederick
 City or town: Frederick Route # 1.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Frederick
 City or town: Frederick Route # 1
 (If outside city or town limits, write RURAL and give nearest town)

Street No.: none
 (If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Harry Vinson Albaugh

4. SEX: male 5. Color or race: white 6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Gertrude M. Adams

7. Birth date of deceased (mo., day, yr.): June 1, 1873 8.(c) If alive, give age: 69 years

8. AGE: 71 Years 8 Months 8 Days 11 less than one day
 hrs. min.

9. Birthplace: Detour, Md.
 (Town, county, and state)

10. Usual occupation: Farmer
 Own Farm

11. Industry or business: George W. Albaugh

MOTHER FATHER

12. Name: George W. Albaugh

13. Birthplace:

14. Maiden name: Sarah Valentine

15. Birthplace:

16. Informant: Mrs. Harry Vinson Albaugh
 Address: Frederick, Md. Route # 1.

17. Burial: Mt. Tabor Cemetery
 (Burial, cremation, or removal. Which?) 2/12/45
 (month) (day) (year)
 Cemetery or crematory: Rocky Ridge, Md.
 Location:

18. Funeral director: M. R. Etchison and Son
 Address: Frederick, Md.

19. Date rec'd by registrar: Feb 11, 1945 Lucius F. Tolson
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number: none

MEDICAL CERTIFICATION

2D. DATE OF DEATH: February 9, 1945 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 4, 1940 to Feb 9, 1945 and that I last saw him alive on Feb 8, 1945

Immediate cause of death: Cerebral hemorrhage
Cerebral hemorrhage

Due to: Arterio sclerosis

Other conditions: Retention of urine

(Include pregnancy within 8 months of death)

Major findings or operations: Date of op.

Autopsy results:
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

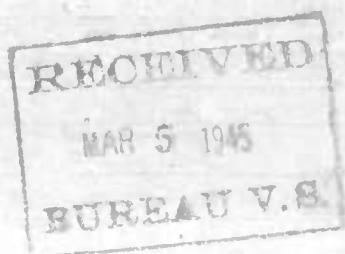
Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Ernest P. Roop, M.D.
 (or other)
 Address: New Market, Md. Date signed Feb 11, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B.L.*

01680

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick
 County.....
 City or town... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since July 13, 1944
 Hospital, Institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since July 13, 1944

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Prince George
 City or town... College Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4605 Calvert Rd.
 (If rural, give LOCATION)

3. (a) FULL NAME
Charles E. Andrews

3. (b) Social Security Number
233-24-0878

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1894 years

8. AGE: Years Months Days If less than one day
 51 0 8 hrs. min.

9. Birthplace Aiken, S. C.
 (Town, county, and state)

10. Usual occupation Foreman, Mining Mill

11. Industry or business

FATHER 12. Name John Andrews
 13. Birthplace Aiken Co., S.C.

MOTHER 14. Maiden name Julia O'Banion

15. Birthplace Aiken Co., S.C.

16. Informant Mrs. Alice R. Kennedy (daughter)

Address College Park, Maryland

17. Burial 2/20/45
 (Burial, cremation, or removal. Which?) Date thereof
 (month) (day) (year)

Cemetery or place Xxxyx Langley

Location Langley, South Carolina

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. *MS/AS* 19
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1945, 1945, 2:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13 1944, to Feb. 18 1945, end that I last saw him alive on February 18 1945.

Immediate cause of death Pulmonary Tuberculosis DURATION 14 Mos.

22. Laryngeal Tuberculosis 9 Mos.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results..... Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

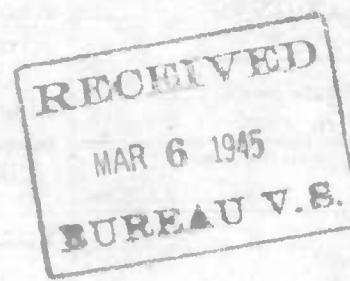
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE *J.B. Lm* M. D. *KOKE*

Address State Sanatorium, Md. Date signed 2/19/45



M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01681

139

Reg. Distr. No. 139

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick
County.....

City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since November 18, 1944

Hospital, Institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since Nov. 18, 1944

3. (a) FULL NAME

Wesley P. Austin

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of ~~wife~~ wife Eveleyn Austin

7. Birth date of deceased (mo., day, yr.) June 7, 1904
..... (c) If alive, give age 30 years

8. AGE: Year Months Days If less than one day
40 8 0 hrs. min.

9. Birthplace..... Connellsville, Pa.
(Town, county, and state)

10. Usual occupation..... Machinist

11. Industry or business

FATHER 12. Name..... A. H. Austin

MOTHER 13. Birthplace..... New York City, N.Y.

14. Maiden name..... Gertrude Pancoast

15. Birthplace..... Vineland, N. J.

16. Informant..... Deceased

Address

17. Burial
(Burial, cremation, or removal. Which?) Burial Date thereof..... 2/10/45
(month) (day) (year)

Cemetery..... Siloma

Location..... Vineland, N. J.

18. Funeral director..... Kruse Funeral Home

Address..... Vineland, N. J.

19. (Date rec'd by registrar) 2/7/45.....

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... CecilCity or town..... Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

218-07-3052

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1945, at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 18 1944, to Feb. 7 1945, and that I last saw him alive on February 7 1945.

Immediate cause of death..... Pulmonary Tuberculosis DURATION 11 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

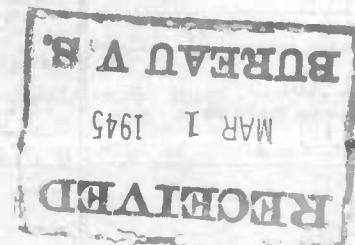
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... W. B. Lynn M. D. xxx

Address..... State Sanatorium, Md. Date signed 2/7/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

01682

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since January 30, 1945**
 Hospital, Institution, or street address where death occurred: **Maryland Tuberculosis Sanatorium**
 How long in hospital or institution? **Since January 30, 1945**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... **Maryland** County..... **Frederick**
 City or town..... **Frederick**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **63 S. Market St.**
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME
Donald C. Bair

3. (b) Social Security Number
220-09-7688

4. Sex Male	5. Color or race White	6.(a) Single, married, widowed, or divorced Divorced
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8.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **May 21, 1906**

8. AGE: Years 38	Months 8	Days 15	If less than one day hrs. min.
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9. Birthplace..... **Han sonville, Maryland**
 (Town, county, and state)10. Usual occupation..... **Bartender**

11. Industry or business.....

12. Name..... Charles Bair
13. Birthplace..... Utica, Md.

MOTHER FATHER	14. Maiden name..... Annie T. Stull
	15. Birthplace..... Lewistown, Md.

16. Informant..... **Charles E. Cole, Friend.**Address..... **Frederick, Md.**17. Burial..... **Mt. Olivet**
 (Burial, cremation, or removal. Which?) Date thereof..... **2/7/45**
 (month) (day) (year)Cemetery..... **Mt. Olivet**Location..... **Frederick, Md.**18. Funeral director..... **M. R. Etchison & Son**Address..... **Frederick, Md.**19. (Date rec'd by registrar) **19.....** Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH **February 5 1945** at **2:25 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **January 30 1945** to **Feb. 5 1945** and that I last saw him alive on **February 5 1945**

Immediate cause of death..... **Pulmonary Tuberculosis**
 DURATION **2 Yrs., 3 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

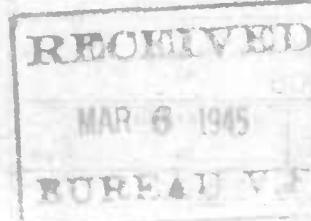
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE **J. B. Lynn** M. D. **MD**Address..... **State Sanatorium, Md.** Date signed..... **2/5/45**

LETTERS TO THE STATE GOVERNOR



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 750

01683

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick R. F. D. 4

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, institution, or street address where death occurred:

Near Church Hill

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Lola Cecelia Caroline Barnes

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	married

John W. Barnes

6. (b) Name of husband or wife

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1874

8. AGE:	Years	Months	Days	If less than one day
	70	4	24	hrs. min.

9. Birthplace Mt. Tabor, Frederick, Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER Veniah H. Haupt,

13. Birthplace Near Middletown, Md.

MOTHER Mary Mumford,

15. Birthplace Near Mt. Tabor, Md.

16. Informant Mr. John W. Barnes,
Frederick, Md. R. D. 4

Address

17. Burial Date thereof Feb. 27, 45
(Burial, exhumation, or removal, which?)

(month) (day) (year)

Cemetery or cemetery Middletown Lutheran Cem.
Location Middletown, Maryland.18. Funeral director M. R. Etchison & Son
Frederick, Md.

Address

19. 24 Feb 1945
(Date rec'd by registrar)Elizabeth G. Hark.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick R. F. D. 4

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Church Hill

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

February 24th., 1945 4.15P.M.

2D. DATE OF DEATH

Feb. 20 1945, to Feb. 22 1945

and that I last saw her alive on Feb. 22 1945

Immediate cause of death

Cardiac Drapex.

DURATION

Due to Enlarged Heart

Due to Cardiac Drapex.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. G. Hark.

MD

M. D. or other
Frederick, Md.

Date signed 2/26/45



M
age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01684

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

15 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

716 North Market Street

How long in hospital or institution?

3. (a) FULL NAME

JESSE LENDWOOD BARNES

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	W

6. (b) Name of husband or wife..... Annie V. Nikirk

7. Birth date of deceased (mo., day, yr.) September 26, 1865

8. AGE: Years	Months	Days	If less than one day
79	4	11	hrs. min.

9. Birthplace..... Monrovia-Frederick-Maryland

(Town, county, and state)

10. Usual occupation..... Retired Farmer

11. Industry or business

12. Name..... John L. Barnes

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Amanda Baker

15. Birthplace..... Frederick County Maryland

16. Informant..... Mrs. Herman N. Orrison

Address 716 N. Market St., Frederick, Md.

17. Burial Date thereof 2/9/45

(Burial, exhumation, or removal, which?)

Cemetery or cemetery Reformed Cemetery

Location..... Middletown, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. 8 - Feb 1945

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 716 North Market Street

(If rural, give LOCATION)

2. (a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 7th, 1945 at 1:10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 4 1945, to Feb 7 1945
and that I last saw h. m. alive on February 6 1945

Immediate cause of death..... Chronic Myocarditis with
Puricular Tuberculosis

DURATION

?

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

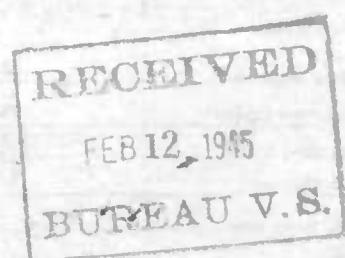
Injured at work?

23. SIGNATURE..... Howard W. Ash M. D.

M. D. or other

Address..... Frederick, Maryland Date signed 2-8-45

RECEIVED
FEB 12 1945
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 14a

01685

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick
City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
121 West All Saint Street

How long in hospital or institution?.....

3. (a) FULL NAME

CHARLES EDWARD BARTON

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	W

6. (b) Name of husband or wife Florence May Harris7. Birth date of deceased (mo., day, yr.) March 1, 1884

8. AGE: Years	Months	Days	If less than one day
60	11	23	hrs. min.

8. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Salvage Center

12. Name	James Barton
13. Birthplace	Frederick County Maryland

MOTHER	Maiden name	Mary Bowie
MOTHER	Birthplace	Frederick County Maryland

14. Maiden name	Mary Bowie
15. Birthplace	Frederick County Maryland

18. Informant Charles T. BartonAddress Frederick, Maryland17. Burial Date thereof 2/27/45
(Burial, cremation, or removal. Which) Colored CemeteryCemetery or cemetery Point of Rocks, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, MarylandAddress Frederick, Maryland19. 27 Feb 1945- Elizabeth G. Heck
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County FrederickCity or town FrederickStreet No. 121 West All Saint Street(If rural, give LOCATION) None

2.(a) If veteran, name war.....

3. (b) Social Security Number 217-10-9276

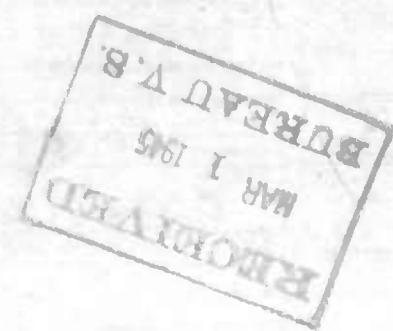
MEDICAL CERTIFICATION

February 24th, 1945 at 10:10A.M.

20. DATE OF DEATH February 24, 194521. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1944 to February 24, 1945 and that I last saw him alive on February 24, 1945Immediate cause of death Coronary OcclusionDURATION 3 hoursDue to Coronary Artery DiseaseDue to Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external cause, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Howard W. Ash M. D.M. D. or other Address Frederick, Maryland Date signed 2-26-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01686

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:
 County Frederick
 City or town Rural - Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

3. (a) FULL NAME

Grace Martin Baumgardner

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife John M. Baumgardner

7. Birth date of deceased (mo., day, yr.) May 25, 1872 6. (c) If alive, give age _____ years

8. AGE: Years 72 Months 9 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland Frederick Co
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George J. Martin
 13. Birthplace Maryland Frederick Co

MOTHER 14. Maiden name Mary E. Whitmore
 15. Birthplace Maryland Frederick Co

16. Informant Mary E. Baumgardner
 Address Janeytown, Md.

BURIAL 17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 3-2-45
 (month) (day) (year)

Cemetery or crematory Keyesville Cemetery
 Location Keyesville, Md.

18. Funeral director C. O. Goss & Son
 Address Janeytown, Md.

19. Feb 28 1945 M. F. Shuff
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Carroll
 City or town Janeytown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number
none

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1945 at 4:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1942 to 1945, and that I last saw her alive on Feb 27 1945.

Immediate cause of death

Cerebral arteriosclerosis DURATION 1 year

Due to arteriosclerotic cardio-vascular disease - several years

Due to

Other conditions Arricular fibrillation - 3 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

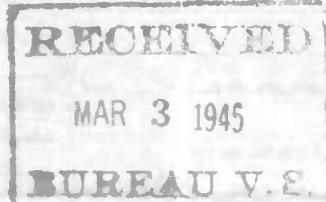
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. B. Castle M. D. or other W. B. Castle
 Address Emmitsburg, Md. Date signed 2-27-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170

CERTIFICATE OF DEATH

01687

Reg. Dist. No. 147

1. PLACE OF DEATH:

Frederick County.....

Rural --Mt. Airy

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Theodore Bennett

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Colored

Married

6. (b) Name of husband or wife.....

Fannie Lee Bennett

7. Birth date of deceased (mo., day, yr.)

March 2, 1903

8. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

41

11

10

hrs.

min.

9. Birthplace.....

Howard Co. Maryland

(Town, county, and state)

Laborer

10. Usual occupation.....

11. Industry or business

Paper Mill

FATHER

Abraham Bennett

12. Name.....

Maryland

MOTHER

Grace Young

14. Maiden name.....

Maryland

15. Birthplace.....

Mrs. Hattie Snowden

16. Informant.....

Mt. Airy, Md.

Address

Burial

(Burial, cremation, or removal; where)

Date thereof.....

2-15-45

(month) (day) (year)

Cemetery or crematory.....

Mt. Gregory

Location.....

Cooksville, Howard Co. Md.

18. Funeral director.....

C. M. Waltz

Address

Winfield, Md.

19. Feb. 14 1945

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County.....

Frederick

City or town.....

Rural --Mt. Airy

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

R.D. Mt. Airy

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

220-18-3178

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Feb. 12 1945 at 7:40

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her.....alive on

Immediate cause of death.....

Abdominal hemorrhage

Due to.....probable rupture of liver

Due to.....auto accident

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

Route 40 near Ridgely

Date of.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where)?.....

Route 40 near

Means of injury

Auto

DEP

Injured at work?.....

23. SIGNATURE.....

Alice J. Riddle

M. D. or other

Address

Frederick, Md. Date signed 2-12-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B.P.)

01688

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since October 25, 1943
Hospital, Institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since October 25, 1943

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County...
City or town... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 508 S. Patterson Park Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war... World War No. 1

3. (a) FULL NAME
Charles J. Barnes (Bernadzikowski)

3. (b) Social Security Number
218-05-1463

4. Sex
Male Color or race
White
6.(a) Single, married, widowed, or divorced
Divorced

6.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 4, 1892

8. AGE: Year
52 Months
11 Days
10 If less than one day
hrs. min.

9. Birthplace... Baltimore, Maryland
(Town, county, and state)

10. Usual occupation... Warehouseman

11. Industry or business
12. Name... Frank H. Barnes

13. Birthplace
?

14. Maiden name... Mary Rusin

15. Birthplace
?

16. Informant... Deceased

Address
17. Burial Date thereof... Nature
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Cemetery

Location... Maryland Crematorium

18. Funeral director... M. J. Dunnigan

Address... 1000 E. Pratt St.

19. (Date rec'd by registrar) 2/14/45
19. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1943 et 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 25, 1943, to Feb. 14, 1943, and that I last saw him alive on February 14, 1943.

Immediate cause of death... Pulmonary Tuberculosis

DURATION
2 Yrs.

Due to...

Due to...

Other conditions... Psycho-neurosis

6 Months

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

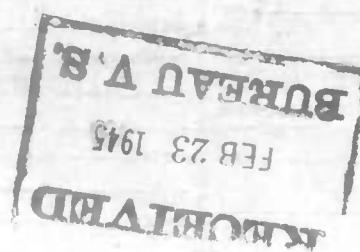
Injured at home, farm, Industry, public place (where?)

Means of Injury... Injured at work?

23. SIGNATURE... J. D. Lynn

M. D. ~~X~~ ~~Y~~

Address... State Sanatorium, Md. Date signed 2/15/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

01689

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County *The Dards*City or town *The Dards*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

The Dards City Hospital

How long in hospital or institution?

3. (a) FULL NAME

Betson Mr. Harry C.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

married

6. (b) Name of husband or wife

Sally West

7. Birth date of deceased (mo., day, yr.)

April 3 - 1890

6. (c) If alive, give age 49 years

8. AGE:

Years

Months

Days

If less than one day

54

hrs. min.

9. Birthplace

Bucks County - Md.

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

Wm. Betson

FATHER

12. Name

Wm. Betson

MOTHER

13. Birthplace

Bucks County - Md.

14. Maiden name

Unknown

15. Birthplace

11

16. Informant

Mrs. Harry Betson

Address

Dickerson - Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof *Feb 26 - 1945* (month) (day) (year)

Cemetery or crematory

Maryland Cem.

Location

Bearsville - Md.

18. Funeral director

Wm. B. Wilson

Address

Bearsville - Maryland

19. Date rec'd by registrar

Feb 24 1945

19. 4 b

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland*County *Maryland*City or town *Dickerson*

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Feb 23

1945

at *4:45 p.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 21

1945

to

Feb 23

1945

and that I last saw him alive on *Feb 23* 1945

Immediate cause of death

Cerebral hemorrhage

Due to

*Arteriosclerosis*Other conditions *Hypertension*

(Include pregnancy within 3 months of death)

Major findings or operations *None*

Date of op.

Autopsy results *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. Austin Gear, M.D.

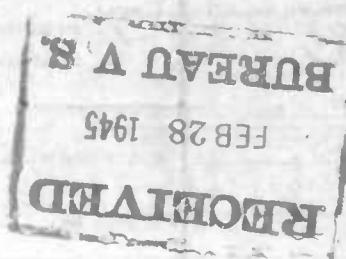
M. D. or other

Address

Fairfield, Md.

Date signed

Feb 23 1945



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4620

CERTIFICATE OF DEATH

01699/44
Reg. Date, No.

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 or 6 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elmer Everett Black4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife George Payson Black7. Birth date of deceased (mo., day, yr.) Oct - 64 - 1864 6. (c) If alive, give age years8. AGE: Years 80 Months 3 Days 29 If less than one day
hrs. min. 9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Cabinet maker11. Industry or business 12. Name William J. Black13. Birthplace Maryland14. Maiden name Martha (Carroll) Black15. Birthplace Maryland16. Informant Mrs. Jessie BlackAddress Thurmont17. Burial Burial Date thereof Feb 6 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United BrothersLocation Thurmont18. Funeral director W. H. Black & SonAddress Thurmont19. Feb. 5 1945
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war 3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 - 1945 at 7:45 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 5 1945 to Feb. 3 1945and that I last saw him alive on Feb. 2 1945Immediate cause of death Concussion of theCrown LandDURATION 1 yr.Due to Due to Other conditions

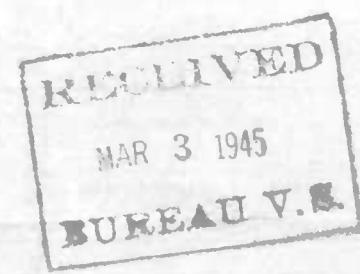
(Include pregnancy within 8 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Jessie J. GrayM. D. or other MDAddress Thurmont - Md Date signed 2/5/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2408

01691

CERTIFICATE OF DEATH

Reg. Dist. No. 135

Wolfsville

1. PLACE OF DEATH:

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

26 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harry S Blichenshaft

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

X

6. (b) Name of husband or wife

Mary Rebecca Blichenshaft

7. Birth date of deceased (mo., day, yr.)

Feb 20 1880

6. (c) If alive, give age 63 years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

66

11

20

9. Birthplace

Wolfsville Md

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

Ruchlin Blichenshaft

12. Name

Wolfsville Md

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

18. Funeral director

19. Date

20. Address

21. Cemetery or crematory

22. Location

23. Signature

24. Date

25. Address

26. Injured at work?

27. M. D. or other

28. Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Frederick

City or town

Wolfsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 9

1945 at 9:00 AM

Oct 4

1944 to Feb 9 1945

end that I last saw h. in alive on

Feb 9 1945

Immediate cause of death

Acute heart attack

DURATION

of less

Due to

Inflammation of heart

37 days

Due to

Inflammation of heart

4 days

Other condition

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

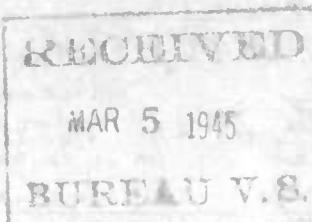
23. SIGNATURE

4-17-45

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15

CERTIFICATE OF DEATH

01692

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

5 hours

How long in hospital or institution?

3. (a) FULL NAME

Infant Boy Blum

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

2-11-45

8. AGE:

Years	Months	Days	If less than one day
2	hrs.	min.	

9. Birthplace

Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

12. Name Joseph Blum

13. Birthplace Maryland

14. Maiden name Selma Bernstein

15. Birthplace Baltimore - Md.

16. Informant Joseph Blum

Address Frederick - Md.

17. Burial 2-12-1945

(Burial, cremation, or removal: Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick - Md.

18. Funeral director C. E. Cline & Son

Address Frederick - Md.

19. 12 Feb 1945

(Date rec'd by registrar) (Date of death) (Cause of death)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 144 W. Patrick St.

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 11 1945 at 1:56 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11:00 A.M. February 11, 1945, to 1:56 P.M. Feb. 11, 1945,

and that I last saw her alive on February 11, 1945.

Immediate cause of death Perinatal difficulties (6 1/2 mos.)

Intrauterine death developed in utero

of pulmonary Alveoli

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

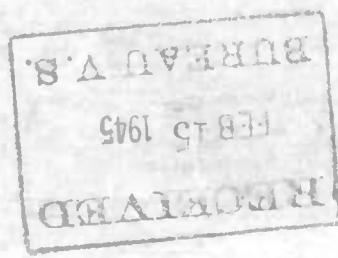
Means of injury Injured at work?

23. SIGNATURE

J. R. Schowman M.D.

M. D. or other

Address 5 W 2nd St. Frederick Date signed 2/14/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-9

01693

CERTIFICATE OF DEATH

Reg. Distr. No. 147

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... Rural--Unionville
 (If outside city or town limits, write RURAL and give nearest town)
 Life
 How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

8. (b) Name of husband or wife Kenneth M. Bolinger

7. Birth date of deceased (mo., day, yr.) Feb'y 16, 1924

8. AGE: Years Months Days If less than one day
 21 0 8 hrs. min.

9. Birthplace Frederick Co. Maryland

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles C. Fritz

13. Birthplace Maryland

14. Maiden name Gertie May Glass

15. Birthplace Maryland

16. Informant Mrs. Gertie M. Fritz

Address Mt. Airy, Md.

17. Burial Date thereof 2-27-45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or Cemetery Unionville, Frederick Co. Md.

Location

18. Funeral director C.M. Waltz

Address Winfield, Md.

19. Feb. 27, 1945
 (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State	County
Maryland	Frederick
Rural	Unionville
(If outside city or town limits, write RURAL and give nearest town)	
Street No.	R.D. Mt. Airy
(If rural, give LOCATION)	

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb 27 1945 at 6:00P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 17 - 1945 to Feb 24 1945

and that I last saw her alive on Feb 23 1945

Immediate cause of death

Cardiac asthma

Due to Acute Bronchitis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

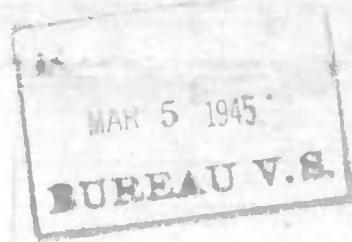
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J.V. Legg M. D. or other

Address Union Bronx Date signed 2-24-45



PLEASE WRITE PLAINLY WITH UNPAINTED INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

01694

CERTIFICATE OF DEATH

Reg. Dlat. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Lovistown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Lillie Catherine Bortner

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Married

6. (b) Name of husband or wife Allen B. Bortner

7. Birth date of deceased (mo., day, yr.)

October 18, 1879

6. (c) If alive, give age 66 years

8. AGE:

Years

Months

Days

If less than one day

65

3

29

hrs.

min.

9. Birthplace

Lovistown, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

FATHER

12. Name John David Holtzapple

MOTHER

13. Birthplace Lovistown, Md.

MOTHER

14. Maiden name Allen Anna Mary Long

MOTHER

15. Birthplace Lovistown, Md.

16. Informant

Allen B. Bortner

Address

Lovistown, Md.

17. Burial

Date thereof Feb. 10, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Utica

Location

Utica, Md.

18. Funeral director

M. S. Deager & Son

Address

Thurmont, Md.

19. Feb. 9

1945

(Date rec'd by registrar)

Anna M. Jones

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Lovistown (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1945 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 18 1945 to Feb 7, 1945and that I last saw her alive on Feb 7, 1945 1945

Immediate cause of death

Paralytic stroke

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Fab. Hedges

M. D. or other

Address

Frederick, Md.Date signed Feb. 10, 1945



✓ PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01695

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County

Frederick

City or town

New Market

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ida L. Boyers

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife

W. Ernest Boyers

New Market MD

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.)

Sept 20 - 1872

8. AGE:

Years Months Days If less than one day

72 4 21 hrs. min.

9. Birthplace

Poolesville Montg Co MD

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Curtis Poole

FATHER

12. Name

Lucetia Poole

13. Birthplace

MD

MOTHER

14. Maiden name

Lucretia Everett

15. Birthplace

MD

16. Informant

W. Ernest Boyer Husband

Address

New Market MD

17. Burial

Date thereof Feb 13 - 1945

(Burial, cremation, or removal, when?)

(month) (day) (year)

Cemetery or crematory

New Market MD

Location

New Market MD

18. Funeral director

W. E. Falcone

Address

New Market MD

19. Date rec'd by registrar

Feb 13 1945

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md County Frederick

City or town

New Market (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 11 1945 at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 3 1945 to Feb 11 1945

and that I last saw her alive on Feb 11 1945

Immediate cause of death

Cerebral Hemorrhage

DURATION

4 days

Due to arteriosclerosis with hypertension

3 years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

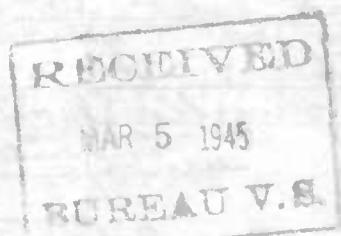
23. SIGNATURE

Ernest P. Roop, M.D.

M. D. or other

Address New Market, MD Date signed Feb 12 1945

RECEIVED IN THE LIBRARY OF THE UNITED STATES GOVERNMENT
FOR THE USE OF THE UNITED STATES GOVERNMENT



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

11696

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
 County Point of Rocks
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 yrs
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Frederick
 City/town Point of Rocks - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Cyrus Rufus Brown

4. SEX	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Vitus V. Ridgeway6.(c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) March 28, 1879

8. AGE: Years	Months	Days	If less than one day
65	10	26	hrs. min.

9. Birthplace Foxville, Frederick, Maryland.
 (Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. Vitus V. Brown,
Point of Rocks, MarylandAddress burial Date thereof Feb. 26, 1945
 (Burial, cremation, or removal, which) (month) (day) (year)Cemetery or St. Pauls Cemetery
 Location Point of Rocks, Maryland18. Funeral director M. R. Etchison & Son,
 Address Frederick, Maryland19. 26 Feb Date rec'd by registrar Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24th, 1945 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 16 1944, to Feb 24 1945
 and that I last saw him alive on Feb 20 1945

Immediate cause of death

Coronary OcclusionDue to Coronary OcclusionDue to Hypertension & Myocarditis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

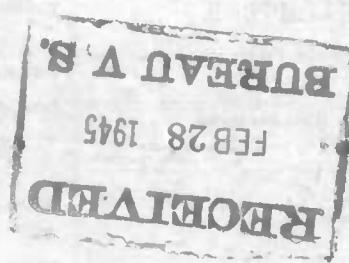
Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Q. L. Etchison & Son M.D.M. D. or other Jefferson, Maryland Date signed 2/24/45
 Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 11-0

01697

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
 County: Frederick
 City or town: Frederick (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred: Frederick City Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Carroll
 City or town: Mt. Airy (If outside city or town limits, write RURAL and give nearest town)
 Street No.: (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

Brown Baby Mary Jane

3. (b) Social Security Number

4. Sex: Female 5. Color or race: White 6.(a) Single, married, widowed, or divorced: Single

MEDICAL CERTIFICATION

6.(b) Name of husband or wife: 7. Birth date of deceased (mo., day, yr.): April 15, 1944 6.(c) If alive, give age: years8. AGE: 9 Years 19 Months Days If less than one day hrs. min.9. Birthplace: Baltimore Co. Md (Town, county, and state)10. Usual occupation: None11. Industry or business:

FATHER 12. Name: George Robert Brown
 13. Birthplace: MARYLAND

MOTHER 14. Maiden name: Rose C. LATTICE
 15. Birthplace: MARYLAND

16. Informant: Geo. R. BrownAddress: Mt. Airy, Md Date thereof: 2-6-45
 17. (Burial, cremation, or removal, which?) BURIAL (month) (day) (year)Cemetery or crematory: Vine Grove Location: Mt. Airy, Carroll Co. Md18. Funeral director: C. M. WallAddress: Winfred, Md19. Date rec'd by registrar: Feb. 4 19. 45- (Date rec'd by registrar) Registrars: Elizabeth G. Heels20. DATE OF DEATH: Feb. 4 19. 45- 8³⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 5 19. 45- to Feb. 4 19. 45-

and that I last saw h. deceased alive on Feb. 4 19. 45-Immediate cause of death: Acute Enter- Colitis

DURATION

Due to: Influenza 4 daysDue to: Influenza 4 daysOther conditions: Under nutrition (Cremated)
 (Include pregnancy within 8 months of death)Major findings at operation: None Date of op.: Autopsy results: None

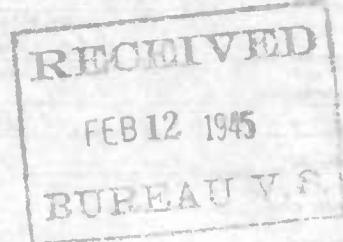
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of: Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE: A. G. Pearce, M.D. M. D. or otherAddress: Frederick, Md Date signed: 2/4/45

ATTACH TO IDENTIFYING DATA SHEET

ATTACH TO ENCLISTED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01698

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
County.....
City or town..... Frederick-Rural R.F.D. #3

(If outside city or town limits, write RURAL and give nearest town)

11 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Wilson Avenue

How long in hospital or institution?

3. (a) FULL NAME

CHARLES EVERETT BROWNING

4. Sex M 5. Color or race W 6. (a) Single; married, widowed, or divorced M

B. (b) Name of husband or wife Goldie Hood

7. Birth date of deceased (mo., day, yr.) August 31, 1865

8. AGE: Years 79 Months 5 Days 6 If less than one day hrs. min.

9. Birthplace Hyattstown-Montgomery-Maryland
(Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business

12. Name Charles Browning

13. Birthplace Montgomery County Maryland

14. Maiden name Mary Jane King

15. Birthplace Montgomery County Maryland

16. Informant Mrs. Goldie H. Browning

Address Frederick, Md. R. F. D. #3

17. Burial Date thereof 2/10/45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Prospect Cemetery

Location Near Mount Airy, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 8 Feb 1945
(Date rec'd by registrar)Elizabeth L. Hecks.
Registrar2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Maryland Frederick

State..... County.....

City or town..... Frederick-Rural R.F.D. #3

(If outside city or town limits, write RURAL and give nearest town)

Street No. Wilson Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1945 at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1945 to Feb 7, 1945
and that I last saw him alive on Feb 7, 1945

Immediate cause of death

Cerebral Hemorrhage

Due to

Arterio-Sclerotic

Due to

Cerebral Prostate

Cerebral Hemorrhage

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Ante mortem results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

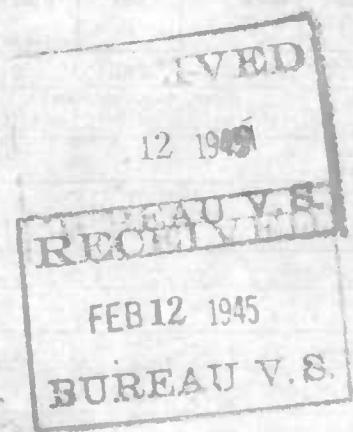
23. SIGNATURE Frank H. Hedges M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-8-45

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RECORDED IN THE U.S. STATE DEPARTMENT



PLEASE WRITE PLAINLY, WITH UNFADING INK, Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 122-6

01699

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred: Frederick City Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 104 East Fourth Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
 INEZ ELIZABETH BURKE

3. (b) Social Security Number
 None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or Joseph R. Burke

7. Birth date of deceased (mo., day, yr.) April 9, 1876 8.(c) If alive, give age 58 years

8. AGE: Years 68 Months 10 Days 15 If less than one day hrs. min.

9. Birthplace Nr. Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER 12. Name Adam T. Blentlinger
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary A. Murphy
 15. Birthplace Frederick County Maryland

16. Informant Mr. Joseph R. Burke
 Address 104 E. 4th St., Frederick, Md.

17. Burial Mount Olivet Cemetery
 (Burial, cremation, or removal, which) Date thereof 2/26/45
 Cemetery or crematory (month) (day) (year)

Location Frederick, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 25 Feb 1945 Elizabeth G. Heck,
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1945 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1945, to Feb 24 1945, and that I last saw her alive on Feb 24 1945.

Immediate cause of death Intestinal obstruction

Due to —

Due to —

Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations obstruction Date of op. Feb 22 - 45

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE E.P. Thomas M. D. or other —

Address Frederick, Md. Date signed Feb 26 - 45

BY LAW TO THE UNITED STATES GOVERNMENT

BY LAW TO THE UNITED STATES GOVERNMENT



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2

CERTIFICATE OF DEATH

01709 138
Reg. Dist. No.

1. PLACE OF DEATH:
County. Frederick

City or town. Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:
Linganore

How long in hospital or institution?.....

3. (a) FULL NAME

GEORGE WASHINGTON BURKETT

4. Sex M	5. Color or race W	6.(a) Single, married, widowed, or divorced M
-------------	-----------------------	--

6.(b) Name of husband or wife. Fannie L. Cline

7. Birth date of deceased (mo., day, yr.) November 1, 1867
6.(c) If alive, give age 73 years

8. AGE: Years 78	Months 4	Days 16	It less than one day hrs. min.
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9. Birthplace. Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation. Farmer

11. Industry or business
FATHER
12. Name. George E. Burkett

13. Birthplace. Frederick County Maryland

MOTHER
14. Maiden name. Mary Ward

15. Birthplace. Frederick County Maryland

16. Informant. Mrs. Fannie C. Burkett

Address. Frederick, Maryland R. F. D. #1

17. Burial
(Burial, cremation, or removal. Which?) Date thereof 2/20/45
Mount Olivet Cemetery

Cemetery or crematory. Location. Frederick, Maryland

18. Funeral director. M. R. Etchison and Son

Address. Frederick, Maryland

19. I. 1945 - 1945 - *Lucian K. Falconer*
(Date rec'd by registrar) *Registrar*

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town. Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)

Street No. Linganore
(If rural, give LOCATION) None

2.(a) If veteran, name war.....

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH. February 17th, 1945, at 3:25P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from *Feb 10* 1945 to *Feb 17* 1945 and that I last saw him alive on *Feb. 17* 1945.

Immediate cause of death. *Heart Disease*

DURATION *5 mos.*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE. *B. D. Johnson* M. D. or other

Address. Frederick, Maryland Date signed 2-19-45

RECEIVED

MAR 5 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH ~~UP~~ FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

01701

CERTIFICATE OF DEATH

Reg. Dist. No. 135

1. PLACE OF DEATH:

Fredericks
Myerstown, Md) RFD

City or town. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 65 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Flora V. Bussard

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

E. L. M. Bussard

7. Birth date of deceased (mo., day, yr.)

Dec 25-1875

6. (c) If alive, give age 73 years

8. AGE:

Years

Months

Days

If less than one day

69

1

24

hrs. min.

9. Birthplace

Myerstown, Fredericks County, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Lawn and Marshman

FATHER

12. Name

Myerstown, Md

MOTHER

13. Birthplace

Myerstown, Md

14. Maiden name

Eunice Marshman

15. Birthplace

Myerstown, Md

16. Informant

Karel F. Bussard

Address

Burial

Date thereof. Feb. 21 1945
(month) (day) (year)

17. (Burial, cremation, or removal. Which?)

Grosmilk Church of Brethren

Cemetery or crematory

Myerstown, Md) RFD

Location

Middletown, Md

18. Funeral director

J. L. Leathersman

Address

Middletown, Md.

19. Feb 21, 1945
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland

County. Fredericks

City or town. Myerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war. No.

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 19 1945 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1942 to Feb 19 1945

and that I last saw him alive on Feb 12

1945

Immediate cause of death

Chronic nephritis

DURATION

3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

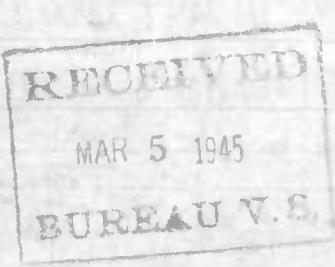
Injured at work?

23. SIGNATURE

J. E. Hooper, M.D.

M. D. or other

Address. Middletown Date signed. Feb 20, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BC*

01702

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County..... Frederick

City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since Oct. 25, 1944

Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since Oct. 25, 1944

3. (a) FULL NAME

Angeline Cellucci

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) February 3, 1926
9. (c) If alive, give age..... years

8. AGE: Years 19 Months 0 Days 13 If less than one day hrs. min.

9. Birthplace..... Baltimore, Md.
(Town, county, and state)

10. Usual occupation..... Liner, Nat. Casket Co.

11. Industry or business.....

12. Name..... Daniel Cellucci

13. Birthplace..... Italy

14. Maiden name..... Rosaria Presti

15. Birthplace..... Italy

16. Informant..... Vincent Cellucci, Brother

Address.....

17. Burial..... Date thereof..... 2/19/45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... *XXXX* Holy Redeemer

Location..... Belair Rd., Baltimore, Md.

18. Funeral director..... Frank V. Pipitone

Address..... 2818 E. Baltimore St., Balto., Md.

19. Date rec'd by registrar..... *2/16/45* 19.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County.....City or town..... Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 2435 St. Paul
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 16, 1945, at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 25, 1944, to Feb. 16, 1945,

and that I last saw her alive on February 16, 1945.

Immediate cause of death..... Pulmonary Tuberculosis

DURATION

8 Mos.

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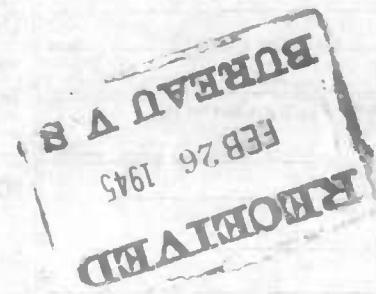
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

01703

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
County..... Frederick
City or town..... Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 50 years

Hospital, institution, or street address where death occurred:
Near McKaig

How long in hospital or institution?.....

3. (a) FULL NAME
FANNIE CRAMER

4. Sex F	5. Color or race W	6. (a) Single, married, widowed, or divorced S
-------------	-----------------------	---

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... June 20, 1868
8. (c) If alive, give age..... years

8. AGE: Years 76	Months 7	Days 24	If less than one day hrs. min.
---------------------	-------------	------------	--

9. Birthplace..... Nr. Mt. Pleasant-Frederick-Md.
(Town, county, and state)

10. Usual occupation..... At Home

11. Industry or business

MOTHER FATHER
12. Name..... Charles Cramer
13. Birthplace..... Frederick County Maryland

MOTHER
14. Maiden name..... Laura Ogborn
15. Birthplace..... Frederick County Maryland

16. Informant..... Mrs. Albert Little
Address..... New Windsor, Md. R. F. D. #1

17. Burial..... Date thereof..... 2/16/45
(Burial, cremation, or removal: Which?) (month) (day) (year)
Cemetery or crematory..... Glade Cemetery

Location..... Walkersville, Maryland
18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... 14 Feb 1945
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No..... Near McKaig
(If rural, give LOCATION)
None

2.(a) If veteran, name war.....

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... February 14th, 1945, at 12:55 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 6, 1945 to Feb. 14, 1945 and that I last saw her alive on Feb. 13, 1945

Immediate cause of death..... Labor pneumonia
DURATION 8 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

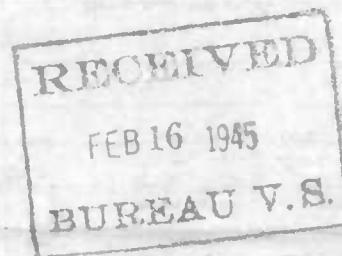
23. SIGNATURE..... B. Thomas, M. D.

M. D. or other

Address..... Frederick, Maryland Date signed..... 2-14-45

Reg. No. 102

STANISLOW KOMORNICKI
POLISH COMMUNIST PARTY
HEAD OF POLISH STATE DELEGATION
TO THE PARIS PEACE CONFERENCE
PARIS APRIL 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 850

01704

CERTIFICATE OF DEATH

Reg. Dlat. No. 140

1. PLACE OF DEATH:

County

Frederick

City or town

2 Woodsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Henry Evans

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m 26 Widower

6. (b) Name of husband or wife

Janie Stevens

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age

years

Aug. 21 1868

8. AGE:

Years
76Months
5Days
19

If less than one day

hrs.

min.

9. Birthplace

2 Woodsboro, Md.

(Town, county, and state)

10. Usual occupation

Retired

Laborer

11. Industry or business

Simon H. Evans

12. Name

Maryland

13. Birthplace

Margaret Holbrunner

14. Maiden name

Maryland

15. Birthplace

Miss Bessie Marshall

16. Informant

2 Woodsboro, Md.

Address

Buried

Date thereof Feb. 14, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mt. Hope Cemetery

Location

2 Woodsboro, Md.

18. Funeral director

Pawell & Hartley

Address

2 Woodsboro, Md.

Feb. 11, 1945

(Date rec'd by registrar)

L. C. Pawell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town 2 Woodsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

2/10/45 19 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 15, 1944 19 to 2/10/45 19

and that I last saw him alive on 2/9/45 19

Immediate cause of death

Aphexy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

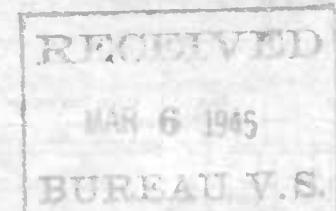
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Pawell & Hartley M. D. or other

Address Walkersville, Md. Date signed 2/10/45

RECEIVED BY THE PENNSYLVANIA STATE GUARDIAN
OF THE PEACE AND SECURITY
RECEIVED BY THE PENNSYLVANIA STATE GUARDIAN
OF THE PEACE AND SECURITY



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

01705

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
County: Frederick

City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 3 mo.

3. (a) FULL NAME

John Wesley Davis

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1944 6. (c) If alive, give age years

8. AGE: Years 3 Months 14 Days 14 It less than one day hrs. min.

9. Birthplace Frederick
(Town, county, and state)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER Alvie C. Davis
Bartholows, Md.

Mary Louise Cromwell
Lime Kiln, Md.

18. Informant Mrs. Alvie C. Davis
Address 2 Lincoln Apts, Fredk, Md.

Burial 2/8/45
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory New Market A.M.E. Cemetery
Location New Market, Md.

18. Funeral director M.R. Etchison and Son
Address Frederick, Md.

19. le Feb 1945 Elizabeth J. Heck
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. # 2 Lincoln Apts
(If rural, give LOCATION)

2. (a) If veteran, name war:

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1945 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15 1945 to Jan 23 1945
and that I last saw him alive on Jan 23 1945

Immediate cause of death:

Pneumonia, bronchitis; croup.

Due to: poor shelter
malnutrition

Due to:

Other conditions This child was not seen by a physician during its fatal illness.
(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op. _____

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

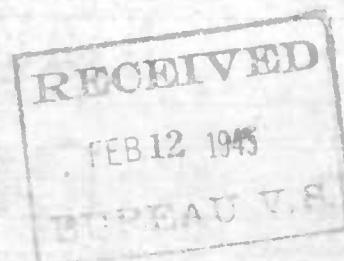
Injured at work?

23. SIGNATURE P. W. Barr

M. D. or other

Address Frederick, Md. Date signed 2-6-45

RIGHT TO TREATMENT STATE: MAJESTIC



PLEASE WRITE PLAINLY, WITH UNFADING INK.
Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B7)

01706

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

Frederick County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick County Hospital

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female White

5. Color or race

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

January 30, 1945

6. (c) If alive, give age years

8. AGE:

Years Months Days

If less than one day

0 0 5 hrs. min.

9. Birthplace

Frederick County, Md. #1

(Town, county, and state)

10. Usual occupation

11. Industry or business

Flower J. Selauter

MOTHER FATHER

Name

Frederick County, Md.

13. Birthplace

Mary Alcinda Klein

14. Maiden name

Frederick County, Maryland

15. Birthplace

Frederick County, Maryland

16. Informant

Frederick County, Maryland

Address

Wolftown Cemetery

17. Burial

(Burial, cremation, or removal; When?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Wolftown Cemetery

Location

Wolftown - Maryland

18. Funeral director

Elmer J. Heck

Address

Smithsburg, Md. R.D.D.T.

19. Date rec'd by registrar

1945

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

Address

RECEIVED
FEB 12 1945
BUREAU V.S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 21

01707

132

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: *Frederick*
 County *Middletown*
 City or town. (If outside city or town limits, write RURAL and give nearest town) *Middletown*
 How long in above place of death? *44 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For new-born infants give residence of mother)

State *Maryland* County *Frederick*
 City or town. (If outside city or town limits, write RURAL and give nearest town) *Middletown*
 Street No. *10* (If rural, give LOCATION)

2.(a) If veteran, name war *No*3. (b) Social Security Number *No*

3. (a) FULL NAME *George A. Dorn*
 4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widowed*

6. (b) Name of husband or wife *Mollie A. Dorn*
 7. Birth date of deceased (mo., day, yr.) *Oct. 12 - 1869* 6. (c) If alive, give age *years*

8. AGE: Years *75* Months *4* Days *0* If less than one day *hrs.* *min.*

9. Birthplace *Middletown, Frederick County, Md* (Town, county, and state)
 10. Usual occupation *Farmer*

11. Industry or business *Charles A. Dorn*
 12. Name *Charles A. Dorn*

13. Birthplace *Middletown, Md*

14. Maiden name *Mary Kirk*
 15. Birthplace *Middletown, Md*

16. Informant *Mrs. J. Michael Farley*
 Address *Middletown, Md*
 17. (Burial, cremation, or removal) Which? *Burial* Date thereof *Feb 14 1945* (month) (day) (year)

Cemetery or crematory *Bethelwan Cemetery*

Location *Middletown, Md*

18. Funeral director *Glenburn Co.*
 Address *Middletown, Md*

19. *Feb 14 1945* *Maria Glassie*
 (Date rec'd by registrar) *Registrar*

MEDICAL CERTIFICATION

20. DATE OF DEATH *February 12 1945* at *2:00 P.M.*
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1942* 19. to *Feb 11 1945* 18. and that I last saw him alive on *Feb 10 1945*

Immediate cause of death

DURATION

Due to *arteriosclerosis*
 Due to *(cerebral)*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *None* Date of *1945*Where did injury occur? (City or town) *Middleton* (County) *Maryland* (State) *None*

Injured at home, farm, industry, public place (where?)

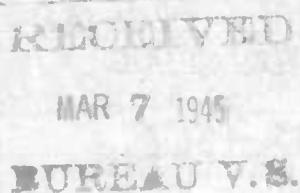
Means of injury

Injured at work?

23. SIGNATURE *J. E. Dorn*

M. D. or other

Address *Middleton* Date signed *2-13-45*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

01708

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
City or town Bromesdale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Schaeffer Hospital

How long in hospital or institution?

3. (a) FULL NAME

Teresa E. Duble

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Howard L. Duble

7. Birth date of deceased (mo., day, yr.)

April 19, 1866

6. (c) If alive, give age

years

8. AGE:

Years 58

Months

Days

If less than one day

hrs. min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Store Clerk

11. Industry or business

Frank T. CahillIreland

12. Name

Isabel Trail

13. Birthplace

Ireland

14. Maiden name

Maryland

15. Birthplace

Maryland

16. Informant

Mrs Ruth M. Ridderick

Address

Bromesdale Md.

17. Burial

BurialDate thereof 2-12-45

(month) (day) (year)

(Burial, cremation, or removal, which?)

Cemetery or crematory

Bromesdale Cemetery

Location

Bromesdale

18. Funeral director

L. H. Zell & Sons

Address

Bromesdale Md.

19. Date rec'd by registrar

Feb 17 1945

(Date rec'd by registrar)

Anna Maria

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Bromesdale (If outside city or town limits, write RURAL and give nearest town)Street No. 810 East 0 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 8 1945

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 7 1945 to Feb 8 1945 and that I last saw her alive on Feb 8 1945

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

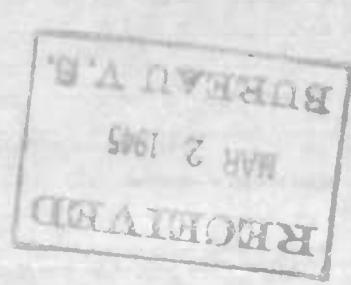
Injured at work?

23. SIGNATURE

Frederick Schaeffer

M. D. or other

Address Bromesdale Date signed Feb 10 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 42+

CERTIFICATE OF DEATH

01709

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 days -

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

3. (a) FULL NAME

Dixie Manda Kain Everhart

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Wm. A. Everhart

7. Birth date of deceased (mo., day, yr.)

March 13, 1874

(6. c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Harpers Ferry, Jefferson Co., W. Va.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Michael Kain

FATHER

Cork Co., Ireland

MOTHER

Mary Taylor

14. Maiden name

Frederick Co., Va.

15. Birthplace

John Everhart

16. Informant

214 N Maple Ave, Brunswick, Md.

17. Burial

Mar. 3, 1942

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

St. Peter's Catholic

Location

Bolivar, Jefferson Co., W. Va.

18. Funeral director

Josse S. Bailey

Address

320 W Patowmack St., Brunswick, Md.

19. 2 March

1942

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

Brunswick - (If outside city or town limits, write RURAL and give nearest town)

Street No.

18 East C (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 27 1945 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 23 1945 to Feb 27 1945

and that I last saw her alive on Feb 27 1945

Immediate cause of death

Intestinal obstruction

DURATION

Due to

Cocaine Intoxication

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

EP Thomas M. D. or other

Address

Frederick Md. Date signed Feb 28 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12

01710

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County

Frederick

City or town

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 hours

Hospital, institution, or street address where death occurred:

St. Luke's Hospital

How long in hospital or institution?

3 1/2 hrs.

3. (a) FULL NAME

Roy Clayton Farr

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Jessie E. Ayers

7. Birth date of deceased (mo., day, yr.)

July 2 1886

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Penn.

(Town, county, and state)

10. Usual occupation

Constructor

11. Industry or business

FATHER

12. Name

Leslie Farr

13. Birthplace

Pa.

MOTHER

14. Maiden name

Emma Veronica Lutchey

15. Birthplace

Penn.

16. Informant

Mrs. Jessie E. Farr

Address

Cottage Med

17. (Burial, cremation, or removal, Which?)

Burial Date thereof Feb 6 1945

(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Baltimore Md

18. Funeral director

A. H. Fultz & Sons

Address

Baltimore Md

19. (Date rec'd by registrar)

Feb 5 1945

Eugene Martin

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Baltimore

City or town

Baltimore

Resid

(If outside city or town limits, write RURAL and give nearest town)

Street No.

on the Brandy River.

Locality

2.(a) If veteran, name war

no

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 2 1945 at 7:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 2 1945 to Feb 2 1945

and that I last saw h. in alive on Feb 2 1945

Immediate cause of death

Peritonitis

DURATION

4 days

Due to... Ruptured Appendix

west

Due to...

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Peritonitis

Date of op. Feb 2 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

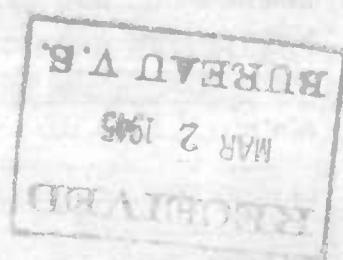
Helenine Schreyer

M. D. or other

Address

Baltimore Md

Date signed Feb 3 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

01711

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

Frederick

Rural Crossville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 64 yrs

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution?.....

3. (a) FULL NAME

Alice L. Fisher

4. Sex

Female

5. Color or race

Col.

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife.....

Fred C. Fisher

7. Birth date of deceased (mo., day, yr.)

Jan 16 1891

6.(c) If alive, give age 62 years

8. AGE:

Years 64 Months -1 Days 1 If less than one day hrs. min.

8. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

Retail

11. Industry or business.....

James Brooks

FATHER

12. Name.....

James Brooks

MOTHER

13. Birthplace.....

Maryland

FATHER

14. Maiden name.....

Esther Hawkins

MOTHER

15. Birthplace.....

Maryland

FATHER

16. Informant.....

Fred C. Fisher

Address

Knoxville Md.

17. Burial

Date thereof Feb 19 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Mt. Cemetery

FATHER

Location.....

Knoxville Md. Burial

MOTHER

18. Funeral director.....

P. H. Baer & Son

FATHER

Address.....

Baltimore Md.

MOTHER

19. Date rec'd by registrar.....

Feb 19 1945

VS A15

Date rec'd by registrar.....

Evening Star

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Frederick

City or town.....

Rural

Crossville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Rural

Mountain Road

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Feb 17 1945

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw her dead on Feb 17 1945

Immediate cause of death.....

Cardiac decompensation

DURATION

3 weeks

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

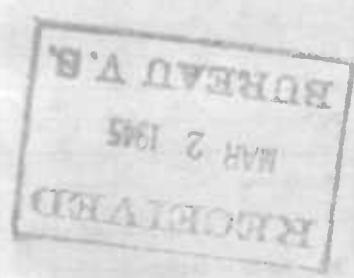
23. SIGNATURE.....

P. H. Baer

M. D. or other

Address..... Frederick Md. Date signed Feb 17 1945

(Moore)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *(B6)*

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County..... Frederick

City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since June 19, 1944

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since June 19, 1944

3. (a) FULL NAME

Elmer L. Ford

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) February 5, 1893
years

8. AGE: Years Months Days If less than one day
51 11 28 hrs. min.

9. Birthplace..... Harford County, Md.
(Town, county, and state)

10. Usual occupation..... Janitor

11. Industry or business

12. Name..... Malcom Ford

13. Birthplace..... Harford County, Md.

14. Maiden name..... Mary Kimbel

15. Birthplace..... Harford County, Md.

16. Informant..... Deceased

Address

17. Burial..... Date thereof..... 2/5/45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or place..... Friend Burying Ground

Location..... Calvert, Md.

18. Funeral director..... J. E. Tyson

Address..... Rising Sun, Maryland

19. 19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Cecil

City or town..... Rising Sun
(If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... February 2, 1945, at 1:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19, 1944, to Feb. 2, 1945, and that I last saw him alive on February 2, 1945.

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION
16 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

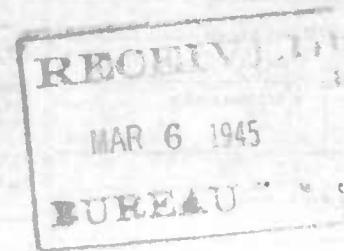
Means of injury

Injured at work?

23. SIGNATURE..... *J. E. Tyson*

M. D. *XXXXXX*

Address..... State Sanatorium, Md. Date signed..... 2/2/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

01713

CERTIFICATE OF DEATH

139

Reg. Dist. No.

1. PLACE OF DEATH: Frederick
 County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since May 20, 1940
 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since May 20, 1940

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3811 Sequoia Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Herbert J. Gellerman

3. (b) Social Security Number
214-16-8850

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) November 6, 1898
 8. (c) If alive, give age..... years

8. AGE: Years	Months	Days	It less than one day
46	3	9	hrs. min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)

10. Usual occupation Civil Engineer

11. Industry or business

MOTHER FATHER
 12. Name George H. Gellerman
 13. Birthplace Baltimore, Md.

MOTHER
 14. Maiden name Catherine Rogan
 15. Birthplace Baltimore, Md.

16. Informant Deceased

Address Burial

17. (Burial, cremation, or removal. Which?) Burial Date thereof 1940
 (month) (day) (year)

Cemetery or crematory

Location Mr. George H. Gellerman

18. Funeral director Thurman

Address 1117 E. 36th St.

19. (Date rec'd by registrar) 19. Registrar John J. Gellerman

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1945 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to Feb. 15 1945, and that I last saw him alive on February 15 1945.

Immediate cause of death Pulmonary Tuberculosis
 DURATION 5 Yrs.

Due to.....

Due to.....

Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE John J. Gellerman M. D. John J. Gellerman

Address State Sanatorium, Md. Date signed 2/16/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH
mother's name of deceased is shown 2411 N. Charles St., Baltimore 13-B
on
FILM No. G 94 APR 13 1945

01714

Reg. Dist. No. 139

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick
County.....
City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since Nov. 21, 1933
Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since Nov. 21, 1933

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland
State..... County.....
City or town..... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5327 Wesley Ave.
(If rural, give LOCATION)

3. (a) FULL NAME
Lloyd M. Gettier
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced
Married
6. (b) Name of deceased wife Luelia Gettier
7. Birth date of deceased (mo., day, yr.) October 25, 1884
6. (c) If alive, give age..... years
8. AGE: Year 60
Months 4
Days 1
If less than one day
..... hrs. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Glazier
11. Industry or business
12. Name John F. Gettier
13. Birthplace Maryland
14. Maiden name Luelia Kleeman Ida Fisher
15. Birthplace Maryland
16. Informant Deceased
Address

17. Burial Date thereof Feb 28 1945
(Burial, cremation, or removal. Which?) (Month) (day) (year)
Cemetery or crematory Green Ridge Cemetery
Location Bellmore Md
18. Funeral director E. Willis Sanaorium
Address 4510 Liberty St. Brooklyn
19. (Date read by registrar) 4/26/45
Registrar

2. (a) If veteran, name war

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1945 at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 21, 1933 to Feb. 26, 1945.

and that I last saw h..... alive on 19.....

Immediate cause of death Pulmonary Tuberculosis
DURATION 17 Yrs.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

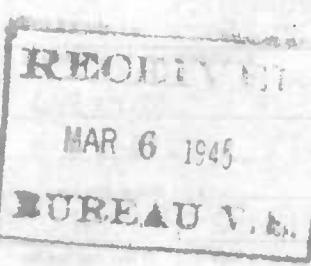
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. XXXXX

Address State Sanatorium, Md. Date signed 2/26/45



M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

01715

131

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 moHospital, institution, or street address where death occurred: Montevue - County HomeHow long in hospital or institution? 9 mo.

3. (a) FULL NAME

Gross George
 4. Sex Male 5. Color or race Col. 6.(a) Single, married, widowed, or divorced
married

6.(b) Name of husband or wife Charity White7. Birth date of deceased (mo., day, yr.) March 1878 6.(c) If alive, give age 60 years8. AGE: Years 66 Months 11 Days If less than one day
 hrs. min. 9. Birthplace Maryland
 (Town, county, and state)10. Usual occupation Farmer11. Industry or business Agriculture12. Name Allen Gross13. Birthplace Maryland14. Maiden name Julia Brown15. Birthplace Maryland16. Informant Mr. Elzey FryAddress Burkittsville Md17. Burial Date thereof Feb 10, 1946
 (Burial, cremation, or removal, if any)
 (month) (day) (year)Cemetery or cemetery St. MarysLocation Petruville Md18. Funeral director C. H. Felt & SonAddress Brunswick Md19. 7-Get 1946
 (Date rec'd by register) 1946
 (Date signed) Elizabeth Heck
 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick

City or town Burkittsville (If outside city or town limits, write RURAL and give nearest town)

Street No. Bush (If rural, give LOCATION)

2.(a) If veteran, name war —3. (b) Social Security Number —

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1946 at 6:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/1 to 2/7 1946, and that I last saw her alive on 2/6 1946.Immediate cause of death Bronchopneumonia DURATION 3 daysDue to —Due to —Other conditions Advanced arterio sclerosis (Include pregnancy within 3 months of death)Major findings of operations — Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

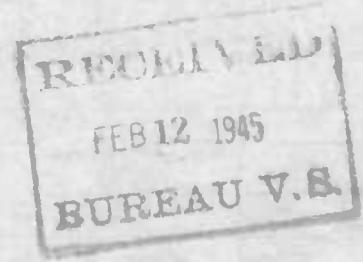
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —23. SIGNATURE J. R. Schoolman M.D. M. D. or other —Address 56-2nd St Date signed Feb 7, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 91

01716

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:
County Frederick Co.

City or town Emmitsburg, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About four years

Hospital, Institution, or street address where death occurred: St. Joseph's Central House

How long in hospital or institution? Sick about two months at

St. Joseph's Central House

3. (a) FULL NAME
Margaret Gillooley (Sister Mary Francis)

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Sister of Charity

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 4, 1870
6.(c) If alive, give age years

8. AGE: Years 74 Months 4 Days 18 If less than one day hrs. min.

9. Birthplace Uxbridge, Massachusetts
(Town, county, and state)

10. Usual occupation With children, caring for sick
in hospitals and Asylums

11. Industry or business

12. Name William Gillooley

13. Birthplace Co. Leitrim, Ireland

14. Maiden name Mary Tigue

15. Birthplace Co. Mayo, Ireland

16. Informant Sister Rosa, Assistant

Address St. Joseph's Central House

17. Burial Date thereof Feb. 24, 1945
(Burial, cremation, or removal. Which?)

Cemetery or crematory St. Joseph's (Private)
Emmitsburg, Maryland

Location

18. Funeral director L. Allison

Address Emmitsburg Md.

Feb 22 1945 M. F. Shuey

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Various Houses of Community. This house
State County since 1941

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22, 1945 19. at 10:14 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 16, 1948, to Feb. 20, 1948 - 19 days

and that I last saw her alive on Feb. 20, 1948 - 19 days

Immediate cause of death

Cardiac Arrest 2 days

Due to Chronic Arterial Disease 10 years

Due to Hypertension 4 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

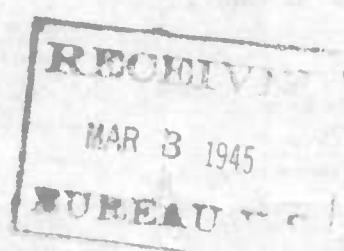
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Morris L. Bixby M.D.

M. D. or other

Address Thurmont Md. Date signed 2/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1000

01717

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County..... Frederick

City or town..... Brunswick, Md. Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 14 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Samuel Darby Grimes

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

B. (b) Name of husband or wife.....

B. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

June 27, 1874

8. AGE: Years

70

Months

7

Days

9

if less than one day

hrs. min.

Poolesville, Md

(Town, county, and state)

10. Usual occupation.

Retired Railroader

B and O.R.R. Co.

11. Industry or business

John R. Grimes

12. Name

Montgomery Co., Md.

13. Birthplace

Lucy Ann Darby

14. Maiden name

Montgomery Co., Md.

15. Birthplace

Mrs Ella M. Ruble

16. Informant

Brunswick, Md. R.F.D.

Address

17. Burial..... Date thereof..... 2/9/45

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Monocacy Cemetery

Beallsville, Md.

Location

18. Funeral director..... M.R. E. chison and Son

Address

Frederick, Md.

19. Date rec'd by registrar..... 7-4-45

19. 45

Emma Martin -
Rec. 7-4-45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town..... Brunswick, Md. Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

none

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 6

1945 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated. That I attended deceased from

19..... to 19.....

and that I last saw her alive on Jan 6 1945

Immediate cause of death

Hemorrhage

Due to: Rupture of aopharynx

Due to: Ulrix

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

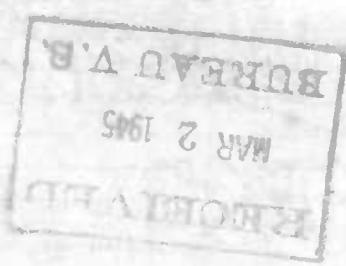
23. SIGNATURE

R.W. Barr Deguy Med Ex.

M. D. or other

Address..... Frederick, Md. Date signed 2-6-45

UNITED STATES GOVERNMENT
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION



PLEASE WRITE PLAINLY, WITH UNFADING INK.
WITH UNFADING INK, every item of information carefully.
Especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

01718
131
Reg. Dist. No.

1. PLACE OF DEATH: Frederick
County.....

City or town..... Frederick (If outside city or town limits, write RURAL and give nearest town) 10 yrs

How long in above place of death?

Hospital, institution, or street address where death occurred: 65. South Market Street

How long in hospital or institution?

3. (a) FULL NAME

Ella Gertrude Hargett

4. Sex female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

8. (c) Name of husband or wife Lewis B. Hargett

7. Birth date of deceased (mo., day, yr.) July 6, 1873 8. (c) If alive, give age 72 years

8. AGE: Years 71 Months 7 Days 2 If less than one day hrs. min.

9. Birthplace Sandy Hook, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER 12. Name Cornelius Virts
13. Birthplace Loudon Co, Va.

MOTHER 14. Maiden name Catherine Ennis
15. Birthplace Washington Co, Md.

16. Informant Wilbur C. Hargett
Address East Church St, Frederick, Md.

17. Burial Burial Date thereof 2/12 45
(Burial, cremation, or removal, when?) (month) (day) (year)
Cemetery or cemetery Mt. Olivet Cemetery
Location Frederick, Md.

18. Funeral director M.R. Etchison and Son
Address Frederick, Md.

19. Date rec'd by registrar 12 Feb 1945 Registrar Elizabeth G. Hock
(Date rec'd by registrar) (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No. 65. South Market St (If rural, give LOCATION) none

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1945 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1945 to Feb 8 1945 and that I last saw h. alive on Feb 8 1945

Immediate cause of death Cardiac arrest

Due to Myocarditis

Due to Aspirin - Mellitin

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

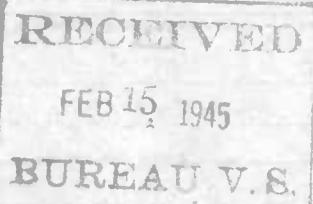
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE Frank H. Hock M.D. or other.....

Address Frederick, Md. Date signed 12 Feb 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16

01719

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Knoxville Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Conrad Alexander Herbert4. Sex male 5. Color or race negro 6. (a) Single, married, widowed, or divorced married8. (b) Name of husband or wife Anna Herbert7. Birth date of deceased (mo., day, yr.) Feb. 7, 1902 6. (c) If alive, give age 36 years8. AGE: Years 42 Months 11 Days 26 It less than one day hrs. 00 min. 009. Birthplace Jefferson, Fred. Co., Md. (Town, county, and state)10. Usual occupation day laborer

11. Industry or business

FATHER 12. Name Claude DelauterMOTHER 13. Birthplace Jefferson, Md.14. Maiden name Florence Herbert15. Birthplace Jefferson, Md.16. Informant Florence DelauterAddress Brunswick, Md.17. Burial Date thereof Feb. 7, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sunnydale M. CemeteryLocation Jefferson, Md.18. Funeral director Gladhill Co.Address Middletown, Md.19. Feb 7 1945 Anna Maituo
(Date rec'd by registrar) Leff Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Knoxville Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1945 at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him dead on 19 to 19.

Immediate cause of death

gunshot

DURATION

15 min.Due to gunshot wound of
left axilla

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

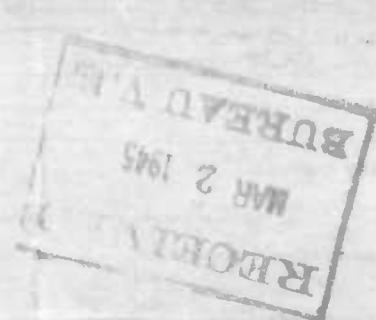
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of Feb 3 45Where did injury occur? Frederick Co. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury 12 ga. Shot gun Injured at work? no23. SIGNATURE R. W. Bas

M. D. or other

Address Fairview Rd Date signed 7-6-245



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B-2*

01720

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 hours
Hospital, institution, or street address where death occurred: 219 South Market Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State District of Columbia
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4491 MacArthur Blvd
(If rural, give LOCATION) None
2.(a) If veteran, name war *V*

3. (a) FULL NAME DESSIE MAY HOFFMAN

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W

8.(b) Name of husband Charles W. Hoffman

7. Birth date of deceased (mo., day, yr.) November 10, 1877

8. AGE: Years 67 Months 2 Days 24 If less than one day hrs. min.

9. Birthplace Nr. Woodsboro-Frederick-Maryland
(Town, county, and state) At Home

10. Usual occupation *At Home*

11. Industry or business *Hezekiah Fox*

MOTHER FATHER
12. Name Hezekiah Fox
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden name Mary Matilda Smith
15. Birthplace Frederick County Maryland

18. Informant Mrs. Jesse Ramsburg
Address 219 S. Market St., Frederick, Md.

17. Burial Date thereof 2/6/45
(Burial, entombment, or removal, when)
Cemetery or Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. Age 66 years Date rec'd by registrar 1945-
Elisabeth L. Heck
Registrar

3. (b) Social Security Number None

MEDICAL CERTIFICATION

2D. DATE OF DEATH February 4, 1945, at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from *Feb. 2* 1945 to *Feb. 4* 1945 and that I last saw her alive on *Feb. 3* 1945.

Immediate cause of death Cardiac Bloc. *first attack* DURATION 1939

Due to *Atmospheric conditions*

Due to *Atmospheric conditions*

Other conditions *Atmospheric conditions* (Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results Date of

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

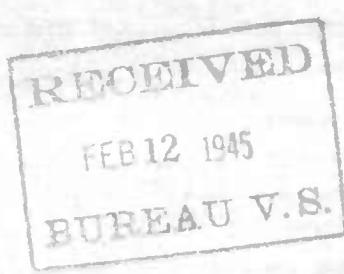
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *B. Hoffman* M. D. M. D. or other

Address Frederick, Maryland Date signed 2-5-45



PLEASE WRITE PLAINLY, WITH UNFADING INK
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01721

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

Frederick

County

Creagerstown- rural

(If outside city or town limits, write RURAL and give nearest town)

30 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Eila Harriet Hoffman.

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.....

George Elmer Hoffman

7. Birth date of

deceased (mo., day, yr.)

September 25, 1884

6. (c) If alive, give age.....

70

years

8. AGE:

Years

Months

Days

If less than one day

60

4

22

....hrs.

.....min.

8. Birthplace.....

Adams County, Pa.

(Town, county, and state)

10. Usual occupation.....

Housewife.

11. Industry or business

12. Name.....

Wm. D. Hankey

13. Birthplace

Creagerstown, Md.

14. Maiden name.....

Anna M. Wilhite

15. Birthplace

Frederick County, Md.

16. Informant.....

George E. Hoffman

Address

Creagerstown, Md.

17. Burial.....

Date thereof.....

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Creagerstown

Cemetery or crematory

Creagerstown

Location

Creagerstown, Md.

18. Funeral director.....

M. L. Creager & Son.

Address

Thurmont, Md.

19. Feb. 19

1945

(Date rec'd by registrar)

Anna M. Jones
Registrar
P. O. Box 100, Thurmont, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County

Frederick

City or town.....

Creagerstown- rural

(If outside city or town limits, write RURAL and give nearest town)

none

Street No.....

(If rural, give LOCATION)

no

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

February 17, 1945, at 3:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1944, to Feb. 17, 1945

and that I last saw her alive on Feb. 16, 1945

Immediate cause of death.....

Arterial hemorrhage

central nervous

DURATION

8 days

Due to.....

Carcinoma liver

3 yrs

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

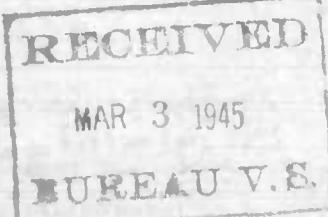
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE. Morris A. Bixby M.D.

M. D. or other

Address..... Thurmont, Md. Date signed 2/19/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01722

CERTIFICATE OF DEATH

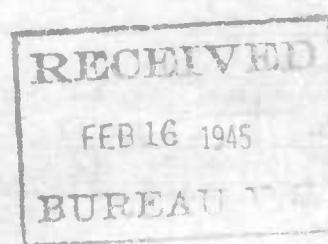
Reg. Dist. No. 13

1. PLACE OF DEATH:				
County	Frederick			
City or town	Frederick			
(If outside city or town limits, write RURAL and give nearest town)				
Lifetime				
How long in above place of death?				
Hospital, Institution, or street address where death occurred:				
Frederick City Hospital				
4 days				
How long in hospital or institution?				
3. (a) FULL NAME				
ELEANOR MURDOCK JOHNSON				
4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced		
Female	White	Single		
6. (b) Name of husband or wife..... None				
7. Birth date of deceased (mo., day, yr.)				
August 10, 1860				
6. (c) If alive, give age..... years				
8. AGE:	Years	Months	Days	If less than one day
	84	6	2	hrs. min.
9. Birthplace..... Frederick, Maryland				
(Town, county, and state)				
10. Usual occupation..... Retired Housekeeper				
11. Industry or business..... None				
MOTHER FATHER	12. Name..... Ross Johnson			
	13. Birthplace..... Frederick County, Maryland			
MOTHER	14. Maiden name..... Maria L. Hammond			
	15. Birthplace..... Frederick County, Maryland			
16. Informant..... Miss Lucy Johnson, Records				
Address..... Home for Aged, Frederick, Md.				
17. Burial.....				
(Burial, cremation, or removal. Which?)				
Date thereof..... Feb. 11, 1945				
(month) (day) (year)				
Cemetery or crematory..... Mt. Olivet Cemetery				
Location..... Frederick, Maryland				
18. Funeral director..... C. E. Cline & Son				
Address..... Frederick, Maryland				
19. (a) Date rec'd by registrar..... 13 Feb. 1945				
Signature..... Elizabeth G. Hech. Registrar				

2. USUAL RESIDENCE (HOME) OF DECEASED:		
(For newborn infants give residence of mother)		
State	Maryland	County
Frederick		
City or town.....		
(If outside city or town limits, write RURAL and give nearest town)		
Street No.	115 Record Street	
(If rural, give LOCATION)		
2. (a) If veteran, name war..... None		
3. (b) Social Security Number..... None		

MEDICAL CERTIFICATION		
20. DATE OF DEATH..... Feb. 12 1945 at 6:15 a.m.		
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 5 1945 to Feb. 12 1945 and that I last saw her alive on Feb. 12 1945.		
Immediate cause of death..... Cerebral Hemorrhage		
Duration..... 5 days		
Due to.....		
Due to.....		
Other conditions..... Arteriosclerosis		
(Include pregnancy within 3 months of death)		
Major findings of operations..... None		
Date of op.....		
Autopsy results..... None		
PHYSICIAN: Please underline the cause to which death should be charged statistically.		
22. VIOLENCE: If death was due to external causes, fill in the following:		
Accident, suicide, or homicide.....		
Date of.....		
Where did injury occur?..... (City or town) (County) (State)		
Injured at home, farm, industry, public place (where?)		
Means of injury.....		
Injured at work?		
23. SIGNATURE..... A. G. G. Peery, M.D.		
M. D. or other		
Address..... 115 Record Street, Frederick, Md.		
Date signed..... 2/13/45		

RECEIVED IN 1940 BY THE STATE DEPARTMENT
AS A GIFT FROM THE
AMERICAN DIPLOMATIC CORPS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of deceased clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01723

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County FrederickCity or town Middlebown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 68 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Elizabeth Kepler

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife

Alonzo C. Kepler

7. Birth date of deceased (mo., day, yr.)

April 19, 1876

(c) If alive, give age

years

8. AGE:

Years	Months	Days	If less than one day
68	9	27	hrs. min.

9. Birthplace

Middlebown Frederick Co. Md.

(Town, county, and state)

10. Usual occupation Operator of Boarding House

11. Industry or business

David BroffMiddlebown, MdMalinda C. RouthahnMiddlebown, Md.Leland M. KeplerMiddlebown, Md.Burial

(Burial, cremation, or removal. Which?)

Date thereof 2-9-45

(month) (day) (year)

Lutheran CemeteryMiddlebown, Md.Bladhill Co.Middlebown, Md.Feb 9 1945

(Date rec'd by registrar)

Mary Gladhill

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty FrederickCity or town Middlebown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 6

1945 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her dead on Feb 6 1945

Immediate cause of death

Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

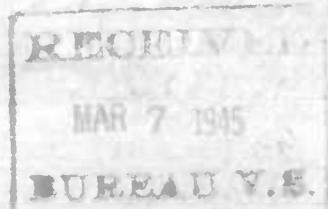
Means of injury

Injured at work?

23. SIGNATURE P. W. Barr

M. D. or other

Address Frederick, MdDate signed 2-6-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01724

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Schoaffs Hospital

How long in hospital or institution?

3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

3. (a) FULL NAME

Mary Frances Kerno

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female white widow

6.(b) Name of husband or wife

John W Kerno

7. Birth date of

deceased (mo., day, yr.)

Dec 16th 1866

8. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

75

2

6

hrs.

min.

9. Birthplace

(Town, county, and state)

Md

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name Chas J Mc Kenna13. Birthplace Born in Ireland from Ireland14. Maiden name Mary J. Kenna15. Birthplace Ir16. Informant Mrs Carrie MooreAddress 132 W 4th at Frederick Md17. Burial Date thereof Feb 26 1945

(Burial, cremation, or removal (month) (day) (year))

Cemetery or crematory St. MarysLocation Bethesda Md18. Funeral director J. R. Felt & SonAddress Baltimore Md19. Date rec'd by registrar Feb 26 1945

(Date rec'd by registrar)

Signature Anna MartinRegistrar sept.Address Baltimore MdDate signed Feb 27 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 22 1945 at 3:00 PM

I CERTIFY that death occurred on the date above stated: that I attended deceased from

Feb 21 1945 to Feb 22 1945and that I last saw her alive on Feb 22 1945

Immediate cause of death

Cerebral Hemorrhage

DURATION

8 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Collapsing Chronic Brusard

M. D. G. G.

Address Baltimore MdDate signed Feb 27 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. It is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

CERTIFICATE OF DEATH

01725/31
Reg. Dist. No.

1. PLACE OF DEATH

County Frederick
Other town Walkersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Walkersville

How long in hospital or institution?

3. (a) FULL NAME

Thomas Wayne Infant Rohlenburg

4. Sex

MW

5. Color or race

single

6. (a) Single, married, widowed, or divorced

B. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1945

8. AGE:

Years

Months

Days

11 less than one day

One

hrs.

min.

9. Birthplace Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Thomas Wayne Walkersville13. Birthplace Frederick Co. Rohlenburg14. Maiden name Beatrice May Keeney15. Birthplace Walkersville, Md.16. Informant Walkersville RohlenburgAddress Walkersville17. Burial Date thereof 2-1-1945
(Burial, cremation, or removal. When?)

(month) (day) (year)

Cemetery or location WalkersvilleLocation Lewistown18. Funeral director G. G. BartonAddress Walkersville

19. 1-Feb-1945

(Date rec'd by registrar)

Eligette G. Hech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickOther town Walkersville
(If outside city or town limits, write RURAL and give nearest town)Street No. Frederick St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1945 19 at 7: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1, 6 A.M. to 7 A.M. 45, to

and that I last saw h. alive on

Immediate cause of death

Prematurity - 6 months

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

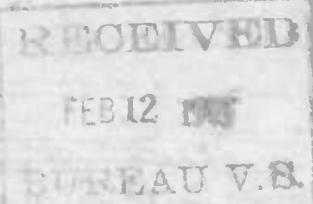
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel P. Eastman M. D. or otherAddress Walkersville, Md. Date signed 2/1/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01726

CERTIFICATE OF DEATH

Reg. Dist. No. 135

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 63 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sallie Virginia Lewis

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Married

6. (b) Name of husband or wife Walter F. Lewis

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 69 years

April 7, 1881

8. AGE:

Years 63 Months 9 Days 28 If less than one day hrs. min.

9. Birthplace Myersville, Fred. Co. Md.

(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name John Atkins

13. Birthplace Myersville, Md.

14. Maiden name Amanda Lewis

15. Birthplace Myersville, Md.

16. Informant Walter F. Lewis

Address Myersville, Md.

17. Burial Date thereof 2-8-45

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Crossnickel Cemetery

Location Myersville, Md. (Rural)

Bladensburg Co.

18. Funeral director

Address Middleton, Md.

19. Feb 8 Date rec'd by Registrar

19. 45 S. L. Leatherman Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County

City or town Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 8, 1945 at 60 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-2-1945 to 1945

and that I last saw her alive on 2-2-1945

Immediate cause of death

Lobar Pneumonia

Due to

La Grippe R

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

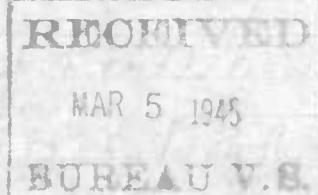
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Frederick, Md. Date signed 2/8/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01727

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County..... Frederick

City..... Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue

How long in hospital or institution?.....

7 Weeks

3. (a) FULL NAME

ANNA MARY JANE LIGHTNER

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Robert H. Lightner

7. Birth date of deceased (mo., day, yr.)

January 8, 1854

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

91

1

15

hrs.

min.

9. Birthplace..... Thurmont-Frederick-Maryland

(Town, county, and state)

10. Usual occupation.....

None

11. Industry or business

John Fox

FATHER

12. Name.....

Maryland

13. Birthplace.....

Susan Eigenbrode

MOTHER

14. Maiden name.....

Clarence R. Lightner

15. Birthplace.....

Frederick, Maryland R.F.D. #4

16. Informant.....

Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

2/26/45

(month) (day) (year)

Cemetery or crematory.....

Mount Olivet Cemetery

Location.....

Frederick, Maryland

18. Funeral director.....

M. R. Etchison and Son

Address.....

Frederick, Maryland

19. Date rec'd by registrar.....

1945

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Frederick

City.....

Frederick-Rural R. F. D. #4

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Near Feagerville

(If rural, give LOCATION)

2. (a) If veteran, name war.....

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 23rd, 1945, at 10.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 19, 1945, to February 23, 1945

and that I last saw him alive on February 23, 1945

Immediate cause of death..... Myocardial failure

Vet. arteriosclerosis

Myocardial degeneration

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

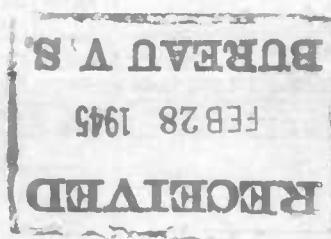
Injured at work?

23. SIGNATURE.....

J. R. Selvola, M. D.

M. D. or other

Address..... Frederick, Maryland Date signed..... 2-24-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01728

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County..... *Frederick*
 City or town..... *Frederick*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *25 years*

Hospital, institution, or street address where death occurred:
 *225 East Church St*

How long in hospital or institution?

3. (a) FULL NAME

Anna Catherine Long

4. Sex *female* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *single*

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *Dec. 4, 1866* 8. (c) If alive, give age years

8. AGE: Years *78* Months *1* Days *29* If less than one day hrs. min.

9. Birthplace..... *Baltimore, Md* (Town, county, and state)

10. Usual occupation..... *✓*

11. Industry or business.....

MOTHER FATHER
 12. Name..... *James Long*
 13. Birthplace..... *Ireland*

MOTHER MOTHER
 14. Maiden name..... *Mary Mahoney*
 15. Birthplace..... *Ireland*

16. Informant..... *Catherine Long*
 Address..... *Frederick, Md*

17. Burial..... *Burial* Date thereof..... *26/4/45*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... *Bonne Brae*
 Location..... *Baltimore, Md*

18. Funeral director..... *Harry E. Carl, Cem.*
 Address..... *Frederick, Md*

19. Date rec'd by registrar..... *5/7/45* Date signed..... *19.4.5*
 (Date rec'd by registrar) (Date signed)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Md* County..... *Frederick*
 City or town..... *Frederick*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *225 East Church*
 (If rural, give LOCATION)

2. (a) If veteran, name war..... *none*

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH *Feb. 3 1945* at *11 a.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 30 1945 to *Feb. 3 1945*

and that I last saw her alive on *Feb. 3 1945*

Immediate cause of death *Protracted life*

DURATION

Days

Due to *Fall in house*

11

Due to.....

Other conditions *Diastolic heart.*

2

(Include pregnancy within 3 months of death)

Major findings or operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? *Home* (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

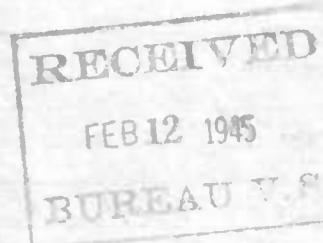
Means of injury..... Injured at work?

23. SIGNATURE *W. M. Smith M.D.* M. D. or other

Address..... *Frederick, Md* Date signed *2-3-45*

UNITED STATES OF AMERICA

ATTACHED TO OR RELATED TO THIS DOCUMENT



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4-9

01729

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick

City or town... Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? 9 days

3. (a) FULL NAME

ELIA SUSAN MAIN

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

8. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) December 15, 1871

8. AGE:

Years
73Months
1Days
22It less than one day
hrs. min.

B. Birthplace... Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation...

At Home

11. Industry or business

D. MOTHER FATHER 12. Name... Lewis H. Main

13. Birthplace... Frederick County Maryland

14. Maiden name... Eleanor Thomas

15. Birthplace... Frederick County Maryland

16. Informant... Mrs. Frank Eppley

Address... Frederick, Maryland

17. Burial

(Burial, cremation, or removal. Which?) Date thereof... 2/10/45

(month) (day) (year)

Cemetery or crematory... Mount Olivet Cemetery

Location... Frederick, Maryland

18. Funeral director... M. R. Etchison and Son

Address... Frederick, Maryland

19. S. Feb.

1945-

Elizabeth J. Heck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No... 360 West Patrick Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war...

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 7, 1945 at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 1945 to Feb 7 1945

and that I last saw her alive on Feb 7 1945

Immediate cause of death...

Carcinoma of Pancreas

Due to...

+ Metastasis

Due to...

Other conditions...

Cachexia

2 weeks

(Include pregnancy within 8 months of death)

Major findings or operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Nature of injury

Injured at work?

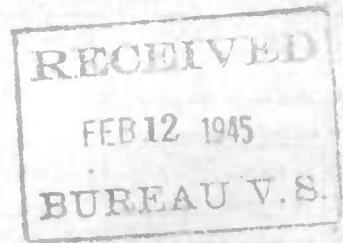
23. SIGNATURE

H. Lawrence Faherty M.D.

M. D. or other

Address... Frederick, Maryland Date signed 2-8-45

RECEIVED BY THE TENNESSEE STATE AGRICULTURAL
EXHIBIT COMMITTEE
STAGE IN THE EXHIBITED



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)

01730

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County..... Frederick
City or town..... State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since May 19, 1944

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since May 19, 1944

3. (a) FULL NAME

Calton H. Martz

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married

B. (b) Name of husband/wife..... Margaret Martz

7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give age..... years
March 12, 19068. AGE: Years Months Days If less than one day
38 10 24 hrs. min.9. Birthplace..... Hyndman, Pa.
(Town, county, and state)

10. Usual occupation..... Process Worker

11. Industry or business.....

FATHER 12. Name..... Frank Martz
13. Birthplace..... PennsylvaniaMOTHER 14. Maiden name..... Elizabeth Geller
15. Birthplace..... Pennsylvania

16. Informant..... Deceased

Address.....

17. Burial (Burial, cremation, or removal. Which?) Date thereof..... 2/8/45
(month) (day) (year)

Cemetery..... Hillcrest Burial Park

Location..... Cumberland, Md.

18. Funeral director..... John J. Hafer

Address..... Baltimore Ave., Cumberland, Md.

19. (Date rec'd by registrar) 19..... Registrars

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Allegany

City or town..... Cumberland

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 511 Pine Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

214-07-4929

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... February 5 1945 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 19 1944 to Feb. 5 1945

and that I last saw him alive on February 5 1945

Immediate cause of death.....

Pulmonary Tuberculosis DURATION

1 1/2 yrs.

XXX Laryngeal Tuberculosis 9 Mos.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... J. J. Hafer M. D. 45XXX

Address..... State Sanatorium, Md. Date signed 2/5/45



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

01731

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County.....

City or town..... *Frederick*
near Ridgerville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

*Warner Mathias*4. Sex *m* 5. Color or race *w* 6. (a) Single, married, widowed, or divorced *widowed*6. (b) Name of husband or wife *Mary Mathias*7. Birth date of deceased (mo., day, yr.) *unknown* 6. (c) If alive, give age..... years8. AGE: Years *about 80* Months Days If less than one day hrs. min.9. Birthplace *maryland* (Town, county, and state) *Zabor*

10. Usual occupation.....

11. Industry or business *unknown* *Zabor*12. Name *unknown* *unknown*13. Birthplace *unknown* *unknown*14. Maiden name *unknown* *unknown*15. Birthplace *unknown* *unknown*16. Informant *Warren Mathias*Address *429 N. Market St Frederick*17. Burial (Burial, cremation, or removal. Which?) *Burial* Date thereof *March 9 1945*

(month) (day) (year)

Cemetery or crematory *Mt Oliver*Location *Frederick and*18. Funeral director *H M Snyder*Address *Mt Airy*19. Mar 1 1945 *Lucius K. Falconer*

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *Feb 27 1945* at *10:51* M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

dead *119* *10* *19*
and that I last saw *him* *alive* on *Feb 27* *1945* *KT*Immediate cause of death *Exphyxation**burning*Due to *burning of house*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

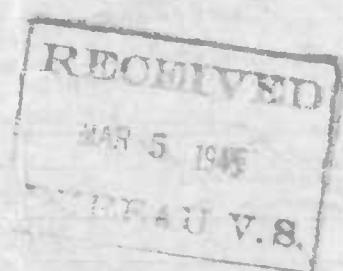
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *accident* Date of *2.27.45*Where did injury occur? *near Plane #4* (City or town) *Federal* (County) *MD* (State)Injured at home, farm, industry, public place (where?) *Home*Means of injury *Fire in house* Injured at work? *No*23. SIGNATURE *R. W. Barr*

M. D. or other

Address *Frederick, MD* Date signed *2.28.45*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-2

FILM No. G 94 APR 13 1945

CERTIFICATE OF DEATH

01732

Reg. Dist. No.

134

1. PLACE OF DEATH: Frederick County

County

Emmitsburg, Maryland

City or town (If outside city or town limits, write RURAL and give nearest town)

Since 1928

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

St. Joseph's Central House

How long in hospital or institution?..... About 16 years

3. (a) FULL NAME

Anna Leonora McFarland (Sister Leona)

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Sister of Charity

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

December 5, 1887

8. AGE: Years

58 57-58

Months

2

Days

6

If less than one day

.... hrs. min.

9. Birthplace.....

(Town, county, and state)

Ashville, North Carolina

10. Usual occupation.....

Sister of Charity

11. Industry or business

Supervision of Children

FATHER

12. Name.....

Thomas McFarland

13. Birthplace

Lincastle, Virginia

MOTHER

14. Maiden name.....

Catherine Stack

15. Birthplace

Union, W. Virginia

16. Informant.....

Sister Rosa, Assistant

Address

St. Joseph's Central House

17. Burial

Date thereof.....

(month) (day) (year)

(Burial, cremation, or removal. Which?)

St. Joseph's (Private

Cemetery

18. Funeral director

S. L. Allison

Address

Emmitsburg Md.

19. Date rec'd by registrar

Address

Emmitsburg Md.

Feb 12 1945

M. F. Shuff

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County

Frederick

City or town.....

Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

February 11, 1945, at 7:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1943 to Feb 11, 1945

and that I last saw her alive on Jan 29, 1945

Immediate cause of death.....

Carcinoma of Lung

DURATION

3 yrs

Due to.....

Due to.....

Other conditions.....

Chronic Arthritis

10 yrs

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

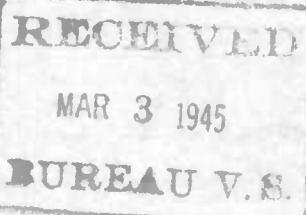
Injured at work?

23. SIGNATURE

Morris L. Bury M.D.

M. D. or other

Address..... Date signed 4/2/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 430

CERTIFICATE OF DEATH

11733

Reg. Dist. No. 131

1. PLACE OF DEATH:

County.....

Frederick
Walkersville

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

30 yrs.

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Mary Elizabeth Michael

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white

Single

8. (b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

Dec. 25, 1863

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

81

2

2

hrs.

min.

9. Birthplace.....

Frederick Co., Md.

(Town, county, and state)

10. Usual occupation.....

Seamstress

11. Industry or business

FATHER

12. Name.....

Isaac Michael

13. Birthplace

Frederick Co.

MOTHER

14. Maiden name.....

Caroline Michael

15. Birthplace

Frederick Co.

16. Informant.....

Mrs. J. R. Taylor

Address

Walkersville

17.

(Burial, cremation, or removal—Which?)

Burial Date thereof.....

(month) (day) (year)

Cemetery or removal

Utica Cemetery

Location.....

Utica

J. C. Barton

Walkersville

18. Funeral director.....

Address

Elizabeth G. Heels.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Frederick

City or town.....

Walkersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 27

19 45 a.m. 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1945, to Feb. 27, 1945
and that I last saw him alive on Feb. 26, 1945

Immediate cause of death.....

Paroxysmal Heart

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

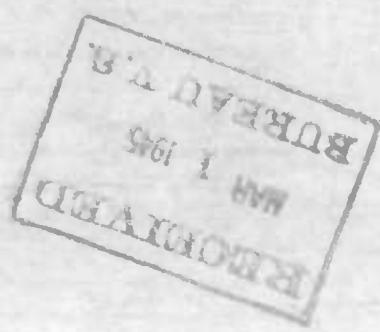
M. D. or other

Address..... Date signed.....

19. Date rec'd by registrar.....

Elizabeth G. Heels.

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6

CERTIFICATE OF DEATH

01734

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly.

M

1. PLACE OF DEATH: Frederick Co.
 County: Frederick Co.
 City or town: Frederick, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, Institution, or street address where death occurred: Quincy Hospital, Frederick, Md.
 How long in hospital or institution?
 3. (a) FULL NAME Virginia Samuel Miller
 4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, divorced
Married
 8. (b) Name of husband or wife Samuel D. Miller
 7. Birth date of deceased (mo., day, yr.) Feb. 12 - 1889 6. (c) If alive, give age 58 years
 8. AGE: Years 56 Months - 14 Days 0 If less than one day
 hrs. 0 min. 0
 9. Birthplace Poland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Judah Kessler
 13. Birthplace Poland
 14. Maiden name Dora Person
 15. Birthplace "
 16. Informant Miss Rose S. Miller
 Address Frederick, Md.
 17. Burial, cremation, or removal, Whence Buried Date thereof 2-27-45
 (Burial, cremation, or removal, Whence) (month) (day) (year)
 Cemetery or crematory Beth Tephiloh Cem.
 Location Baltimore - Maryland
 18. Funeral director Sal Bernstein
 Address Baltimore, Md.
 19. 26-Febr. 1945 (Date rec'd by registrar) Elizabeth G. Heck (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Md. County: Frederick
 City or town: Frederick (If outside city or town limits, write RURAL and give nearest town)
 Street No. 103 N. Patrick St. (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (b) Social Security Number None

MEDICAL CERTIFICATION

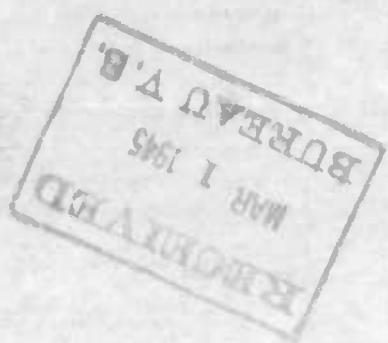
20. DATE OF DEATH Feb. 26 1945, at 8:30 p.m.
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 26 1945, to Feb. 26 1945 and that I last saw her alive on Feb. 26 1945.

Immediate cause of death: Acute Coronary Thrombosis DURATION 1 day
 Due to: Obstruction of coronary arteries
 Due to: Obstruction of coronary arteries
 Other conditions Diabetes mellitus Angina Pectoris DURATION 3 years
 (Include pregnancy within 3 months of death)

Major findings of operations: None Date of op. None
 Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of None
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE A. Guttmann, M.D. M.D. or other
 Address Frederick, Md. Date signed 2/26/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

CERTIFICATE OF DEATH

01735

131

Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:
614 North Market Street

How long in hospital or institution? _____

3. (a) FULL NAME

MAMIE AGUSTA MOBERLY

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
-----------------	---------------------------	---

6. (b) Name of husband or wife Levi W. Moberly

7. Birth date of deceased (mo., day, yr.) July 30, 1879
(b) If alive, give age 70 years

8. AGE: Years 65 Months 6 Days 1 If less than one day
hrs. _____ min. _____

B. Birthplace Nr. Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name William B. Davis
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Frances Staley
15. Birthplace Frederick County Maryland

16. Informant Mr. Levi W. Moberly
Address 18 Monroe Ave., Frederick, Md.

17. Burial Date thereof 2/4/45
(Burial, cremation, or removal. Which?) Mount Olivet Cemetery
(month) (day) (year)

Cemetery or crematory Frederick, Maryland

Location M. R. Etchison & Son
18. Funeral director Frederick, Maryland

Address Eligible for Tech.

19. Age 92 Date rec'd by registrar 1945

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 18 Monroe Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1, 1945 at 11:45 AM

21. CERTIFY that death occurred on the date above stated; that attended deceased from

Oct 31 1943, to Feb 1, 1945

and that I last saw him alive on Feb 1, 1945

Immediate cause of death Pulmonary Embolism DURATION

Due to Hypertension. Heart Disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

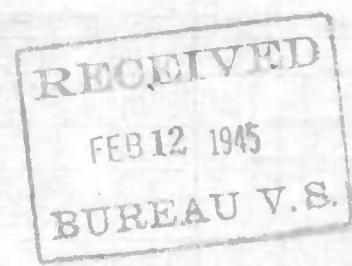
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Etchison M. D. or other

Address Frederick, Maryland Date signed 2-2-45





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *E.D.*

01736

Reg. Dist. No. 147

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County *Frederick*City or town *Mt. Airy*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *23 years.*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Virginia Molesworth

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widowed.*6. (b) Name of husband or wife *Gurney C. Molesworth.*7. Birth date of deceased (mo., day, yr.) *July, 22, 1869* 6. (c) If alive, give age *years*8. AGE: *75* Years *6* Months *25* Days *It less than one day*9. Birthplace *Frederick B. Maryland.* (Town, county, and state)10. Usual occupation *Housework.*

11. Industry or business

12. Name *John T. Enoch*13. Birthplace *PENNA.*14. Maiden name *Malinda Rauer*15. Birthplace *MARYLAND.*16. Informant *Mrs. Russell Leathenwood*Address *Mt. Airy. Md.*17. BURIAL *Prospect* Date thereof *2-19-45*
(Burial, cremation, or removal, which?)Cemetery or crematory *NEAR Mt. Airy. Fred. Co. Md.*Location *C. M. Waltz*18. Funeral director *Winfield. Md.*Address *Winfield. Md.*

19. Feb. 18, 1945 (Date rec'd by registrar)

Signature *Elaine A. Rambler*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Frederick*City or town *Mt. Airy.* (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

2D. DATE OF DEATH *Feb. 17, 1945*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on *Feb. 16, 1945*

Immediate cause of death

Acute Uremia DURATION *1 wks*Due to *Chr. Nephritis* *10 yrs*

Due to

Other conditions *Chr. Myocarditis* *?**Arterio-Sclerosis* *?*

(Include pregnancy within 8 months of death)

Major findings or operations *none* Date of op. *none*Autopsy results *none*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

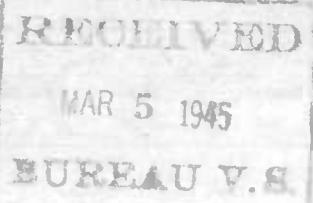
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *J. Stanley Grubill* M. D. or otherAddress *Montgomery, Md.* Date signed *2/17/45*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

01737

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County

Frederick

City or town

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 52 yrs

Hospital, institution, or street address where death occurred

119 West 7th St

How long in hospital or institution?

3. (a) FULL NAME

Emma S. Nicodemus

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Peter

Nicodemus

(Name of husband or wife)

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 19 1849

8. AGE:

95

Years

8. Months

8

Days

6

If less than one day

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

none

12. Name

Jacob

Zumbrunnen

13. Birthplace

Maryland

(Town, county, and state)

14. Maiden name

Elizabeth

Gilbert

15. Birthplace

Maryland

(Town, county, and state)

16. Informant

E. S. Nicodemus

17. Burial

Burial

(Burial, cremation, or removal. Whichever?)

Date thereof

(month)

(day)

(year)

Date of

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Signature

Address

Date signed

M. D. or other

Date

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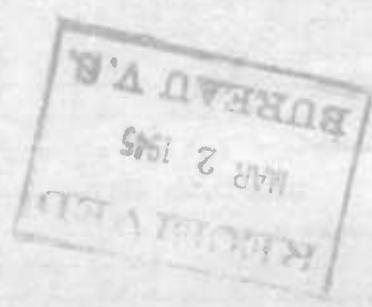
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 169

01738

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County: Frederick

City or town: Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Few minutes

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Richard Plasant

3. (b) Social Security Number

217-10-3124

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife: Louise Plasant

33

6. (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 22, 1911

8. AGE: Years: 34 | Months: 1 | Days: 5 | If less than one day: hrs: min:

9. Birthplace: Elkins West Virginia.

(Town, county, and state)

Fireman

10. Usual occupation:

11. Industry or business: Western Md. R. R.

12. Name: David Plasant

13. Birthplace: Luray Virginia.

14. Maiden name: Annie L. Smith

15. Birthplace: Lubay, Virginia.

16. Informant: Mrs. Louise Plasant.

Address: 128 Ray St., Hagerstown, Md.

17. Burial: Date thereof: March 3, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: 139 N. Potomac St., Hagerstown,

19. Date rec'd by registrar: Feb 28, 1945

(Date rec'd by registrar)

Ann M. Jones
Registrar
for Frederick Co. Clerk

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No: 128 Ray Street,

(If rural, give LOCATION)

no

2. (a) If veteran, name war: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 27

1945 at 7:27 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

and that I last saw him ~~alive~~ dead on Feb 27 1945

Immediate cause of death:

fracture of skull

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings or operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

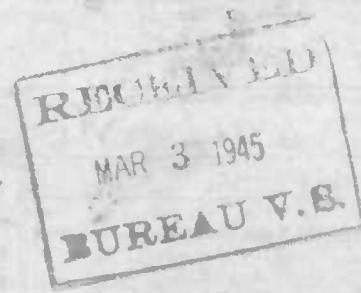
Accident, suicide, or homicide: Accident Date of: 2/27/45Where did injury occur: Hagerstown, Frederick Co. (City or town) (County) (State)Injured at home, farm, industry, public place (where): W-17-A-R. TreadMeans of injury: Fell from Treadle Injured at work? yes

23. SIGNATURE:

R. W. Boe

M. D. or other

Address: Frederick Rd. Date signed: 2/27/45



PLEASE WRITE PLAINLY, WITH **BLACK** INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01739

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County. Frederick

City or town. Frederick City Hospital

(If outside city or town limits, write RURAL and give nearest town)

40 min.

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

40 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland

County. Frederick

City or town. Creagerstown, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

no

2.(a) If veteran, name war.

3. (a) FULL NAME

Harold Garrett Poole.

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

September 11, 1925

8. AGE:

Years
19Months
5Days
IIf less than one day
hrs. min.

9. Birthplace. Frederick, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation.

Laborer

11. Industry or business

FATHER

12. Name. Harry Garrett Poole

MOTHER

13. Birthplace. Frederick, Md.

MOTHER

14. Maiden name. Agnes Jacobs.

15. Birthplace. Frederick, Md.

16. Informant. Mrs. Grafton Keyser.

Address

Creagerstown, Md.

17. Burial

Date thereof. Feb. 14, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cemetery

Feageville

Location

Feageville, Md.

18. Funeral director. M. L. Creager & Son

Address

Thurmont, Md.

19. 13 Feb

1945

Elizabeth Heck
Registrar

(Date rec'd by registrar)

M. D. or other

Address

Frederick, Md.

Date signed 2/12/45

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 12

1945, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead

19

to

19

and that I last saw her alive on

Feb. 12

19

Immediate cause of death. Fracture of skull

Fracture of bone

Crushing injury to chest

Fracture of rib

Due to. Chest injury at

Feageville, Md.

Due to.

Other conditions.

(Include pregnancy within 8 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Accident Date of 2/12/45Where did injury occur? near Thurmont (City or town) Frederick (County) Md. (State)Injured at home, farm, industry, public place (where?) home 4/50Means of injury auto accident no at work? no

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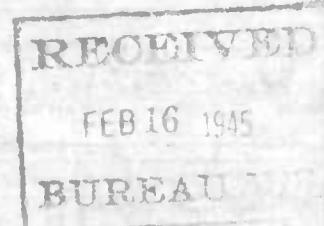
Signature Robert E. Poole Deputy not

M. D. or other

Address Frederick, Md. Date signed 2/12/45

MEMO TO TRENTARIO STATE CHAIRMAN

MEMO TO STATE CHAIRMAN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BC*

01740

CERTIFICATE OF DEATH

Reg. Dist. No. 139

M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: **Frederick**
County.....

City or town..... **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since February 21, 1945**

Hospital, Institution, or street address where death occurred: **Maryland Tuberculosis Sanatorium**

How long in hospital or institution? **Since Feb. 21, 1945**

3. (a) FULL NAME

Joseph W. Price, Sr.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Separated

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **January 20, 1886** 6.(c) If alive, give age..... years

8. AGE: Years	Months	Days	If less than one day
59	1	3	hrs. min.

9. Birthplace..... **Baltimore, Md.**
(Town, county, and state)

10. Usual occupation..... **Laborer**

11. Industry or business

12. Name..... **John Price**

13. Birthplace..... **Germany**

14. Maiden name..... **Anna Ratdka**

15. Birthplace..... **Germany**

Deceased

18. Informant.....

Address.....

17. (Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director..... **M.L. Deagon & Son**

Address..... **Thurmont**

19. (Date rec'd by registrar) **2/23/45** 19. **45**

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... **Maryland** County.....

City or town..... **Baltimore** (If outside city or town limits, write RURAL and give nearest town)

Street No..... **20 S. Durham** (If rural, give LOCATION) **✓**

2.(a) If veteran, name war.....

3. (b) Social Security Number
212-05-4652

MEDICAL CERTIFICATION

20. DATE OF DEATH **February 23, 1945** at **7:20 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **February 21, 1945**, to **Feb. 23, 1945**, and that I last saw him alive on **February 23, 1945**.

Immediate cause of death..... **Pulmonary Tuberculosis** DURATION **3 yrs.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

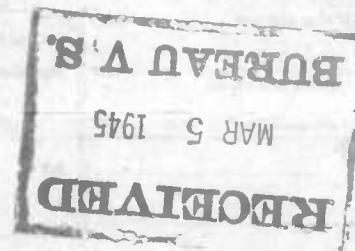
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... **J.B. Lyon** M. D. **2/23/45**

Address..... **State Sanatorium, Md.** Date signed **2/23/45**





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117-2

CERTIFICATE OF DEATH

01741
131
Reg. Dist. No. 131

1. PLACE OF DEATH:
County..... Frederick
City or town..... Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 days

Hospital, Institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution? 1 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3. (a) FULL NAME

ELIZABETH PEARL PRINTZ

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

8. (b) Name of husband or ~~hus~~ Kirby A. Printz

7. Birth date of deceased (mo., day, yr.) April 8, 1898

8. (c) If alive, give age 48 years

8. AGE: Years 46 Months 9 Days 13 If less than one day
..... hrs. min.

9. Birthplace..... Luray, Virginia
(Town, county, and state)

10. Usual occupation..... At Home

11. Industry or business.....

12. Name..... Milton Dodson

13. Birthplace..... Luray, Virginia

14. Maiden name..... Lydia Nicholas

15. Birthplace..... Luray, Virginia

16. Informant..... Mr. Kirby A. Printz

Address..... Braddock Heights, Maryland

17. Burial Date thereof..... 2/23/45

(Burial, cremation, or removal, which) Cemetery or ~~cemetery~~..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. 23 Feb 1945 - Elizabeth G. Heck.

(Date rec'd by registrar) Registrar

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21st, 1945, at 1:50A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 20, 1945, to Feb. 21, 1945, and that I last saw her alive on Feb. 20, 1945.

Immediate cause of death..... Generally of pneumonia

Due to..... Perforated gallbladder

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Perforated gallbladder with generalized peritonitis

Date of op. 2/20/45

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

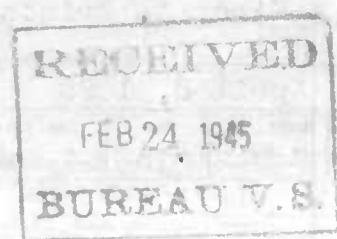
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... L. R. Schowen, M. D.

M. D. or other

Address..... Frederick, Maryland Date signed 2-22-45



PLEASE WRITE PLAINLY, WITH UNFRADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01742

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: **Frederick**
 County
 City or town **Frederick - Rural**.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Lifetime**
 Hospital, Institution, or street address where death occurred: **Emergency Hospital**
 How long in hospital or institution? **2 years**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Frederick**
 City or town **Frederick**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **222 East 7th. St.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war **None**

3. (a) FULL NAME
 Mary Catherine Rhoderick

3. (b) Social Security Number
 None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or **George Wm. Rhoderick**

7. Birth date of deceased (mo., day, yr.) **?** ? 1874 B.(c) If alive, give age years

8. AGE: Years **71** Months ? Days ? If less than one day hrs. min.

9. Birthplace **Frederick County Maryland**
 (Town, county, and state)

10. Usual occupation **Retired Housekeeper**

11. Industry or business

MOTHER FATHER 12. Name **Francis Brown**

13. Birthplace **Frederick County Maryland**

MOTHER 14. Maiden name **Susan Zimmerman**

15. Birthplace **Frederick County Maryland**

16. Informant **Charles H.C. Rhoderick**

Address **E. 3rd. St-Frederick, Md.**

17. Burial **Mount Olivet Cemetery**
 (Burial, cremation, or removal, which?) Date thereof **Feb. 13-1945**
 (month) (day) (year)

Cemetery or cemetery **Mount Olivet Cemetery**

Location **Frederick, Maryland**

18. Funeral director **C.E. Cline and Son**

Address **Frederick, Md.**

19. Date rec'd by registrar **12 Feb 1945** Registrar **Elizabeth J. Heck**
 (Date rec'd by registrar) (Signature) (Title)

MEDICAL CERTIFICATION

20. DATE OF DEATH **February 10th. 1945** at **9:30 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Feb. 1, 1945** to **Feb. 10, 1945**

and that I last saw her **alive on Feb. 9, 1945**

Immediate cause of death **Respiratory pneumonia (Terminal)**

Due to **arterio sclerosis**
 my cerebral degeneration

Due to **Cerebral arterio**

Other conditions **arterio**
 (Include pregnancy within 8 months of death)

Major findings of operations **Cerebral arterio**
 Date of op. ?

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

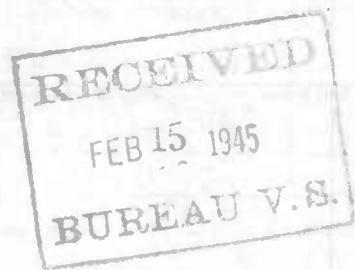
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of
 (City or town) (County) (State)

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **S. R. Schowles** M. D. or other
 Address **5 W. 2nd St.** Date signed **2/12/45**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *MD*

01743

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County *Frederick*City or town *Frederick*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

17 days

3. (a) FULL NAME

Ezra M. Shank

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

Marcella Tyler Shank

7. Birth date of deceased (mo., day, yr.)

Oct 1 - 1865

(c) If alive, give age 75 years

8. AGE:

Years

Months

Days

If less than one day

79

3

28

hrs

min

9. Birthplace

Woodstock Fred Co Md

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Michael Shank

12. Name

Michael Shank

13. Birthplace

Woodstock Md

14. Maiden name

Era Crum

15. Birthplace

Woodstock Md

16. Informant

Mrs. Roland Horner

Address

*Frederick Midway Md*17. (Burial, ~~cremation~~, ~~burial~~, ~~cremation~~)*Burial*

Date thereof

(month) (day) (year)

Cemetery or ~~crematory~~*Mt. Hope Cem*

Location

Woodstock Md

18. Funeral director

M. J. Reagan Jr.

Address

*Thurmont Md*19. (b) *Feb 16*

1945

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MD

County

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

5000 Midway

(If rural, give LOCATION)

2.(a) If veteran, name war

WW

3. (b) Social Security Number

123

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 19, 1945, at 8:10 A.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 28, 1945, to February 19, 1945,

and that I last saw him alive on February 19, 1945.

Immediate cause of death

Bronch x ph. & pneumonia

DURATION

3 days

Due to *Hypostasis*

Due to

Other conditions *Carcinoma of sigmoid* 1 year

1 year

(Include pregnancy within 3 months of death)

Major findings or operations *Carcinoma of colon*

Date of op. Feb 6, 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

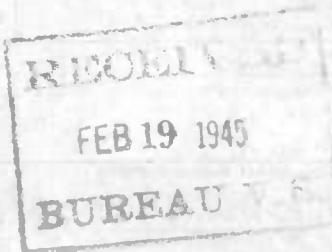
23. SIGNATURE

S. R. Schlesinger M.D.

M. D. or other

Address *5000 Midway* Date signed *2/16/45*

Baltimore



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

CERTIFICATE OF DEATH

01744

139

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Levitt

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Richard Lee Smith

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
--------------------	-------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) <u>Jan. 11, 1945</u>	6. (c) If alive, give age <u>years</u>
--	--

8. AGE: Years <u>1</u>	Months <u>2</u>	Days <u></u>	If less than one day <u>hrs. min.</u>
------------------------	-----------------	--------------	---------------------------------------

9. Birthplace Levitt, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name <u>Albert Smith</u>

13. Birthplace <u>Levitt, Md.</u>

14. Maiden name <u>Ethel Forrest</u>

15. Birthplace <u>Levitt, Md.</u>

16. Informant Albert SmithAddress Levitt, Md.17. Burial Burial Date thereof Feb. 15, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BethelLocation Bethel - near Levitt18. Funeral director Dr. L. BeamerAddress Towson, Md.19. Feb. 15 1945 6 E. Shields
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Levitt
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1945 at 7 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 11, 1945, to Feb. 13, 1945

and that I last saw him alive on Feb. 13, 1945

Immediate cause of death

Broncho-pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

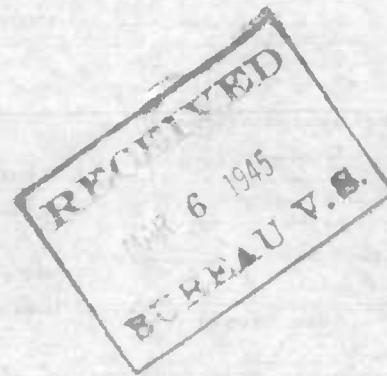
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Gray

M. D. or other

Address Theermont, Md. Date signed 2/15/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wrote to
Review Hosp.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16

01745

CERTIFICATE OF DEATH

Reg. Distr. No. 131

1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Lifetime

Hospital, institution, or street address where death occurred:

23 West All Saints St.

How long in hospital or institution?.....

3. (a) FULL NAME

W. EDWARD SNOWDEN

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Colored

Widowed

8. (b) Name of husband or wife.....

Mary Lester Lee

8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

? ? 1872

8. AGE:

Years

Months

Days

If less than one day

73

?

?

hrs.

min.

9. Birthplace..... Frederick County Maryland

(Town, county, and state)

10. Usual occupation.....

Chauffeur

11. Industry or business

12. Name..... G. Perry Snowden

13. Birthplace..... Frederick Co. Md.

14. Maiden name..... Don't Know

15. Birthplace.....

16. Informant..... Mrs. Edith Scott

Address..... Broadway- Frederick, Md.

17. Burial

Date thereof..... Feb. 8-1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Fairview Cemetery

Location.....

West of Frederick, Md.

18. Funeral director.....

C.E. Cline and Son

Address.....

Frederick, Maryland

19. Date rec'd by registrar.....

19 45-

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 23 West All Saints St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

February 4th 1945, 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-30 1945 to 2-4-1945

and that I last saw him alive on 2-2-1945

1945

Immediate cause of death.....

Starvation

DURATION

Due to..... Structure Ease of Lungs

Cause unknown. No further information

Due to.....

Causes

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

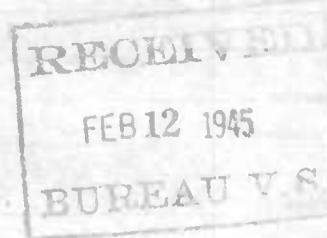
23. SIGNATURE.....

J. Q. Bowe Sr. - M.D.

M. D. or other

Address..... Frederick - Md. Date signed..... 2-5-45

RECEIVED
FEB 12 1945



Mr. Boenne Jr.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-3)

01746

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

330 West College Terrace

How long in hospital or institution?

3. (a) FULL NAME

MARY ALICE SOLAN

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or - Frank J. Solan, Sr.

7. Birth date of deceased (mo., day, yr.)

December 1, 1862

8. (c) If alive, give age years

8. AGE:

Years
82Month
2Days
7

If less than one day

hrs.

min.

9. Birthplace Washington, D. C.

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Joseph Plowman

13. Birthplace Washington, D. C.

14. Maiden name Margaret Wilson

15. Birthplace Washington, D. C.

16. Informant Mrs. Leo T. Waterman

Address 330 W. College Terrace-Fred'k, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 2/10/45

(month) (day) (year)

Cemetery or - Mount Olivet Cemetery

Location Washington, D. C.

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 9-45
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 330 West College Terrace

(If rural, give LOCATION)

None

2. (a) If veteran, name war.

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH February 8, 1945 at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 7 1945 to Feb 8 1945

and that I last saw her alive on Feb 8 1945

Immediate cause of death.

Debrial Hemorrhage 24 hrs

DURATION

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

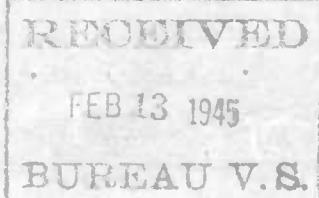
Injured at work?

23. SIGNATURE

Elizabeth G. Heck

M. D. or other

Address Frederick, Md. Date signed 2/18/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01747

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 years

Hospital, institution, or street address where death occurred:

220 East Seventh Street

How long in hospital or institution?

3. (a) FULL NAME

ANDREW GRANT STARR

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mertie Boston Starr

7. Birth date of deceased (mo., day, yr.)

August 31, 1871

6. (c) If alive, give age

72

years

8. AGE:

Years
73Months
6Days
1

If less than one day

hrs.

min.

9. Birthplace

Frederick County, Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

None

MOTHER FATHER

12. Name

Henry Starr

13. Birthplace

Unknown

MOTHER

FATHER

14. Maiden name

Elizabeth Glaze

15. Birthplace

Frederick County, Md.

16. Informant

Mrs. Andrew Starr

Address

Frederick, Maryland

17. Burial

Date thereof Feb. 6, 1945

(Burial, cremation, or removal of body)

(month) (day) (year)

Cemetery or crematory

Mt. Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19. Date reg'd by registrar

1945

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County:

Frederick

City or town:

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

220 East Seventh Street

(If rural, give LOCATION)

2.(a) If veteran, name war:

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 2

19

45

st 9:30 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him in good health to

Immediate cause of death

Cardiac arrest

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

F. H. Heck

M. D. or other

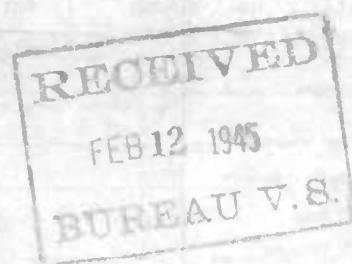
3rd

Date signed Feb 18 1945

RECEIVED BY THE UNITED STATES GOVERNMENT

BY THE UNITED STATES GOVERNMENT

Dr. Hedges



Dr Hedges

PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-21

CERTIFICATE OF DEATH

Reg. Dist. No.

01748
131

1. PLACE OF DEATH: Frederick
County.....

City or town..... Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 3 weeks

Hospital, institution, or street address where death occurred: Frederick City Hospital

How long in hospital or institution?..... 3 weeks

3. (a) FULL NAME

ANNIE CATHERINE STINE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	M

6. (b) Name of husband or wife..... Walter A. Stine

7. Birth date of deceased (mo., day, yr.)..... (c) If alive, give age..... years

8. AGE: Years	Months	Days	It less than one day
40?			hrs. min.

9. Birthplace..... (Town, county, and state) At Home

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name..... UNKNOWN
13. Birthplace..... UNKNOWN

MOTHER
14. Maiden name..... UNKNOWN
15. Birthplace..... UNKNOWN

16. Informant..... Walter A. Stine
Address..... Middletown, Maryland

17. Burial..... Date thereof..... 2/16/45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or cemetery..... Lutheran Cemetery

Location..... Middletown, Maryland

18. Funeral director..... M. R. Etchison and Son
Address..... Frederick, Maryland

19. 15 Feb..... 1945- (Date rec'd by registrar) Elizabeth H. Hede..... Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Middletown (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION) None

2. (a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 14th, 1945 at 1:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 to 1945 and that I last saw her alive on 1945.

Immediate cause of death..... Malnutrition - Pulmonary Edema
Due to..... Malnutrition - Pulmonary Edema

Due to..... Pulmonary Sclerosis

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)
Means of injury..... Injured at work?

23. SIGNATURE..... O. J. Brice M. D.

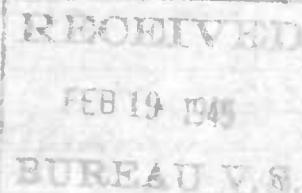
M. D. or other Jefferson, Maryland Date signed..... 2-14-45

Address.....

ATTACH TO TELEGRAMS STATE DEPARTMENT

HONORABLE SECRETARY OF STATE

ATTACHMENT



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61749

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
City or town Middleton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 62 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Arch L. Toms4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mary M. Toms7. Birth date of deceased (mo., day, yr.) Oct. 13, 1866 6. (c) If alive, give age 71 years8. AGE: Years 78 Months 4 Days 15 If less than one day hrs. 0 min. 09. Birthplace Middleton, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Day Laborer11. Industry or business John Toms12. Name John Toms
13. Birthplace Middleton, Md.14. Maiden name Louise Cronin
15. Birthplace Middleton, Md.16. Informant Mary M. Toms
Address Middleton, Md.17. Burial Burial Date thereof 3-2-45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran Cemetery
Location Middleton, Md.18. Funeral director Bladhill Company
Address Middleton, Md.19. Mar 2 1945 Date rec'd by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Middleton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war no3. (b) Social Security Number no

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1945 at 6 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1944 to Feb 28 1945,and that I last saw him alive on Feb 27 1945

Immediate cause of death

Carcinoma of Stomach

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

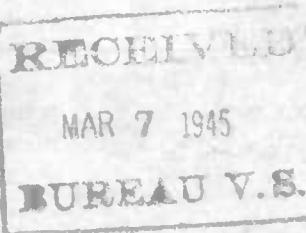
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? Middleton (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J S Harp M. D. or otherAddress Middleton Date signed 3-1-45



M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

01750

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 24 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

George Doub Toms

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White

Married

6. (b) Name of husband or wife.....

Annie (B. T. T.) Toms

7. Birth date of

deceased (mo., day, yr.) January 12, 1859

6. (c) If alive, give age..... 82 years

8. AGE:

Years

Months

Days

If less than one day

86

1

9

hrs.

min.

9. Birthplace.....

Mr. Myersville, Fred. Co. Md.

(Town, county, and state)

10. Usual occupation.....

Retired Farmer

11. Industry or business

OWN Farm

MOTHER FATHER

12. Name..... Ezra Toms

13. Birthplace.....

Maryland

14. Maiden name.....

Sophia Doub

MOTHER

15. Birthplace.....

Maryland

16. Informant.....

Mrs. Geo. D. Toms.

Address.....

Myersville, Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof..... Feb. 24, 1941

(month) (day) (year)

Cemetery or crematory.....

M. T. Z. I. O. N. United Brethren

Location.....

Myersville, Md.

18. Funeral director.....

J. Thos. B. T. T. & Son

Address.....

Myersville, Md.

19. Feb. 22, 1945

(Date rec'd by registrar)

Edgar Bittell
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town..... Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Feb. 21, 1945, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 19, 1945, to Feb. 21, 1945

and that I last saw h. l. in alive on Feb. 20, 1945

Immediate cause of death.....

Cerebral Hemorrhage 48 hrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed 2-22-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01751

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick
City or town near Libertytown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

3. (a) FULL NAME

Sarah Elizabeth Valentine4. Sex F. 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife John Valentine7. Birth date of deceased (mo., day, yr.) Oct. 31, 1873 6. (c) If alive, give age 80 years8. AGE: 76 Years 3 Months 0 Days If less than one day hrs. min.9. Birthplace Frederick Co. Md. (Town, county, and state)10. Usual occupation House wife11. Industry or business Own home12. Name Singleton & Duggins13. Birthplace Frederick Co. Md.14. Maiden name Sarah Jane Richardson15. Birthplace Frederick Co. Md.16. Informant Miss Mary Elizabeth ValentineAddress 457 E. Pine St. Germantown17. Burial Burial Date thereof Feb. 5, 1945 (month) (day) (year)(Burial, cremation, or removal; Which?) Cemetery or crematory Old Field CemeteryLocation near Libertytown M.D.18. Funeral director Purdy HartleyAddress Woodsboro M.D.19. (Date rec'd by registrar) Feb. 3 1945 - W. M. Clegg

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town near Libertytown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1945 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 20, 1945 to Feb. 1, 1945and that I last saw her alive on Jan. 20, 1945Immediate cause of death chronic myocarditis

DURATION _____

Due to arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____ PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. M. Clegg M. D. or other _____Address Woodsboro Date signed 2-1-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

Evidence for change of age of deceased is shown on

FILM NO. G 94 APR 13 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 925

01752

134

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County..... Frederick

City or town..... Emmitsburg.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 4 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Sarah C. Walter.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

widowed

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

October 27, 1867

6. (c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

77

75

3

7

hrs. min.

9. Birthplace..... Mt. St. Mary's Frederick Co., Md.

(Town, county, and state)

10. Usual occupation.....

Retired

11. Industry or business.....

Housewife

FATHER

12. Name..... Jerome F. Kelly

Washington Co., Md.

MOTHER

13. Birthplace..... Mary B. Peddicord

Emmitsburg, Md.

14. Maiden name.....

Emmitsburg, Md.

15. Birthplace.....

Mary B. Peddicord

16. Informant.....

Mrs. Alice Kelly

Address.....

Emmitsburg, Md.

17. Burial.....

Date thereof..... Feb. 7, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

St. Anthony's

Location.....

St. Anthony's, Md.

18. Funeral director.....

M. L. Creager & Son.

Address.....

Thurmont, Md.

19. Date rec'd by registrar..... Feb. 6, 1945

(Date rec'd by registrar)

M. F. Shaff

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Seton Street

(If rural, give LOCATION)

no

2. (a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 4, 1945 at 1 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 5, 1944, to Feb. 4, 1945, 1945.

and that I last saw her alive on Jan 25, 1945.

Immediate cause of death..... Coronary Thrombosis.

Valvular heart disease

DURATION

7 mos

Due to..... Chronic Arteritis Sclerosis

Due to..... Chronic Rheumatism

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

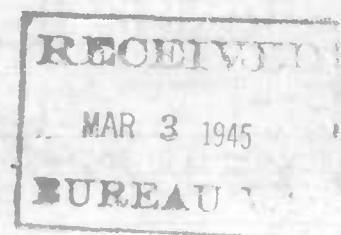
Injured at work?

23. SIGNATURE

Morris L. Bixby, M.D.

M. D. or other

Address..... Thurmont, Md. Date signed 2/6/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01753

Reg. Dist. No. 144

1. PLACE OF DEATH:

Frederick
CountyThurmont
City or town

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sarah Columbia Warrenfeltz

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

8. (b) Name of husband or wife

6. (c) If alive, give age.....years

7. Birth date of
deceased (mo., day, yr.)

March 9, 1860

8. AGE:

Years

Months

Days

If less than one day

84

II

I6

.hrs.

min.

9. Birthplace

Thurmont, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

MOTHER FATHER

12. Name

Uriah Warrenfeltz

13. Birthplace

Thurmont, Md.

14. Maiden name

Susan Catherine Firor.

15. Birthplace

Thurmont, Md.

16. Informant

Glenn Gall

Address

Thurmont, Md.

17. Burial

Date thereof Feb. 27, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

United Brethren

Cemetery or crematory

Thurmont, Md.

Location

M. L. Creager & Son

18. Funeral director

Address

Thurmont, Md.

19. Date rec'd by registrar

Feb. 21, 1945

(Date rec'd by registrar)

Anna M. Jones

Registrar

P. Blanche S. Eyer

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Street No. East Main

(If rural, give LOCATION)

no

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 25, 1945 at 8:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h... alive on

Immediate cause of death

the disease of the heart

DURATION

1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

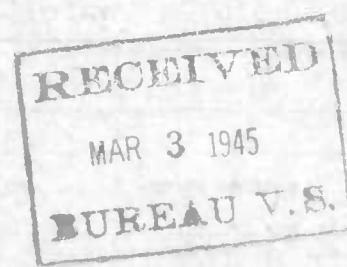
23. SIGNATURE

M. D. or other

Address

Thurmont, Md.

Date signed 1945



PLEASE WRITE PLAINLY, WITH ~~INK~~ PENSADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01754

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 6 months

3. (a) FULL NAME

Rose Karle Wertheimer

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

Female

White

Single

8. (b) Name of husband or wife.....

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 14-1868

8. AGE:

Years

Months

Days

If less than one day

76

6

28

hrs.

min.

9. Birthplace.....

Frederick Maryland

(Town, county, and state)

10. Usual occupation.....

Retired Housekeeper

11. Industry or business

FATHER

Frederick Wertheimer

12. Name.....

Germany

13. Birthplace

Clotilda Karle

MOTHER

Germany

14. Maiden name.....

Mount Olivet Cemetery

15. Birthplace

Frederick, Md.

16. Informant.....

Mrs. Emma K. Groff

Address

270 Dill Ave. - Frederick, Md.

17. Burial

(Burial, cremation, or removal. Where?)

Date thereof Feb. 13-1945

(month) (day) (year)

Cemetery or crematory

Frederick, Md.

Location

C.E. Cline and Son

18. Funeral director.....

Frederick, Md.

Address

19. 12 Feb 1945

(Date rec'd by registrar)

19. 45

19. 45

Elizabeth G. Heide

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 270 Dill Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

February 11th. 1945

at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 10 1944 to Feb 11 1945

and that I last saw her alive on Feb 11 1945

Immediate cause of death

Cardiac & Circulatory

Obstruction

Hemophagia

Exhaustion

DURATION

days

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Lawrence Faherty M.D.

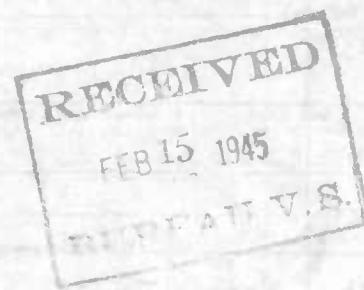
M. D. or other

Frederick, Md.

Date signed 2/12/45

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1940-1945-1946-1947



Mr. Johnson
D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Md.*

01755

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Doubts

City or town

Colored

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

ANNA LOUISE WEST

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

October 4, 1944

8. AGE:

Years

Months

Days

If less than one day

4

9

hrs.

min.

9. Birthplace

(Town, county, and state)

Frederick-Frederick-Maryland

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

Chester M. West

12. Name

Frederick County Maryland

13. Birthplace

Flossie Leakins

14. Maiden name

Frederick County Maryland

15. Birthplace

Chester M. West

16. Informant

Doubts, Maryland

Address

Burial

Date thereof 2/15/45

(Burial, cremation, or removal, when?)

Colored Cemetery

Cemetery or place

Bartonsville, Maryland

Location

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. *15th Feb*

1945

Elizabeth G. Heath

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

County

Frederick

State

Doubts

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13th, 1945, at 11:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 12 1945 to *Feb 12 1945*and that I last saw her alive on *Feb 12 1945*

Immediate cause of death

abor pneumonia

DURATION

2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Injured at work?

Means of injury

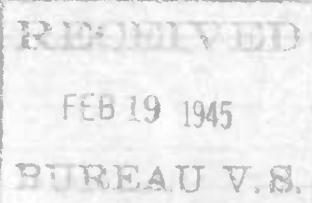
P. W. Barr

M. D.

23. SIGNATURE

Frederick, Maryland Date signed 2-15-45

M. D. or other





PLEASE WRITE PLAINLY, WITH BLACK INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *13-2*

CERTIFICATE OF DEATH

01756

Reg. Dist. No. 144

1. PLACE OF DEATH: Frederick
 County: Frederick
 City or town: Deerfield- rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years.
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Maryland County: Frederick
 City or town: Deerfield- rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 James William Wetzel.

3. (b) Social Security Number
 none.

4. Sex: Male 5. Color or race: White 6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Alice Smith Wetzel
 6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.) October 29, 1881

8. AGE: Years: 63 Months: 3 Days: 7 If less than one day: hrs. min.

9. Birthplace: Harrisburg, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

12. Name: Robert Wetzel

13. Birthplace: Frederick Co., Md.

14. Maiden name: Jennie Kipe.

15. Birthplace: Frederick Co., Md.

16. Informant: Mrs. James Wetzel

Address: Deerfield, Md.

17. Burial: Burial Date thereof: Feb. 9, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: United Brethren

Location: Thurmont, Md.

18. Funeral director: M. L. Creager & Son.

Address: Thurmont, Md.

19. Feb. 8, 1945
 (Date rec'd by registrar) Anna M. Jones
Registrar
Pen Blaauw & Son

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 6, 1945 at 10:30

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 31 1945 to Feb. 6 1945 and that I last saw her alive on Feb. 5 1945

Immediate cause of death

Unknown

Due to: Unknown

Due to:

Other conditions: Heart disease
Chronic myocardiitis
 (Include pregnancy within 3 months of death) 2 yrs.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE: James Gray

M. D. or other

Address: Thurmont, Md. Date signed: 2/7/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

01757

CERTIFICATE OF DEATH

Reg. Dist. No.

138

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 2 mos.

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution?.....

3. (a) FULL NAME

Hazel ODETTE White

3. (b) Social Security Number

none ✓

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White married

8. (b) Name of husband or wife..... Walter A. White

7. Birth date of deceased (mo., day, yr.) Sept. 17-1897

8. (c) If alive, give age 54 years

8. AGE: Years 47 Months 4 Days 16 If less than one day hrs. min.

9. Birthplace..... Frederick Co. Md.

(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Home

12. Name..... Jonas V. Summers

13. Birthplace..... Frederick Co. Md.

14. Maiden name..... Frances E. Joy

15. Birthplace..... Frederick Co. Md.

16. Informant..... Walter A. White

Address..... Bartholomew - Md.

17. Burial..... Date thereof 2-4-1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mt. Olivet Cemetery

Location..... Frederick - Md.

18. Funeral director..... C. E. Cline & Son

Address..... Frederick - Md.

19. 3rd 1945 19. 4-5-1945 Lucian K. Falconer

(Date rec'd by registrar) (Date of death) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

New York County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

none ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb. 1, 1945 At 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 4, 1945, to Feb. 2, 1945

and that I last saw her alive on Feb. 1, 1945.

Immediate cause of death.....

Uremia

DURATION

1 wk

Due to..... Gynaecoma

7 mo

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations..... Carcinoma of Rt. Breast

Date of op. Oct. 1941

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?.....

23. SIGNATURE..... Stanley Grubill

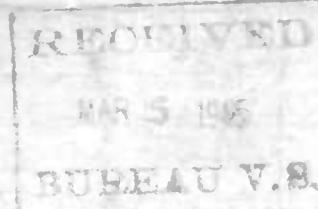
M. D. or other

Address..... Maryland, Md. Date signed 2/2/45

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AS A GIFT FROM THE

AMERICAN SOCIETY FOR SCIENCE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16a

01758

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

Frederick

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

1/24/45

3. (a) FULL NAME

Nathana Warren White, Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Barbara Casilia

7. Birth date of deceased (mo., day, yr.)

April 10, 1868

6. (c) If alive, give age years

8. AGE:

Years 76 Months 10 Days 6 If less than one day hrs. min.

9. Birthplace

Indiana

(Town, county, and state)

10. Usual occupation

Freelance

11. Industry or business

Nathana Warren White

12. Name

Nathana Warren White

13. Birthplace

Kentucky

(Town, county, and state)

14. Maiden name

Mary Crawford

15. Birthplace

Kentucky

(Town, county, and state)

16. Informant

Frances Lida

Address

Emergency Hosp. Frederick, Md.

17. Burial, cremation, or removal (Which?)

Burial

Date thereof 2/19/45 (month) (day) (year)

Cemetery or crematory

St. Marys

Location

Terry Island, N.Y.

18. Funeral director

C. E. Cline & Son

Address

Funeral Director

19. (Date rec'd by registrar)

16 Feb 1945

(Date rec'd by registrar)

Elizabeth Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

122 S Market

(If rural, give LOCATION)

None

2. (a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH

February 16, 1945, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1st, 1945, to Feb. 16, 1945

and that I last saw h.s. alive on Feb. 15, 1945

Immediate cause of death

Bronchitis pneumonia, terminal

Cause of death

Fracture of Right Femur

Due to

Slipped on ice and fell to ground.

Other conditions Upper right leg

Fracture

(Include pregnancy within 3 months of death)

DURATION

16 days

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of December 28, 1944

Where did injury occur? Frederick, Md. (City or town) Frederick, Md. (State)

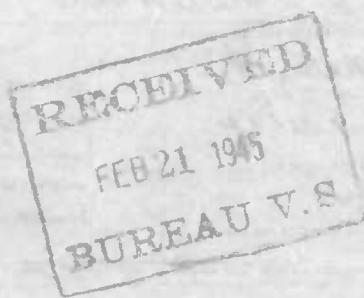
Injured at home, farm, industry, public place (where?) At home

Means of injury Accidental fall Injured at work?

23. SIGNATURE

L. P. Schaeffer, M.D. M. D. or other

Address 500 2nd St Date signed 2/16/45



Subj: [unclear]

•

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

01759

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County Frederick
City or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yearHospital, institution, or street address where death occurred:
Near Rocky Spring

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Rocky Spring

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ANTHONY FRANCIS WICKLESS

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
-----------------	---------------------------	---

6. (b) Name of husband or wife Lillie Olden7. Birth date of deceased (mo., day, yr.) January 9, 1878

8. AGE: Years <u>67</u>	Months <u>1</u>	Days <u>10</u>	If less than one day hrs. <u>.....</u> min. <u>.....</u>
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9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation Truck Farmer

11. Industry or business

FATHER 12. Name Frederick A. Wickless13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Laura V. Joy15. Birthplace Frederick County Maryland16. Informant Augestine G. WicklessAddress Frederick, Md. R. F. D. #517. Burial 2/22/45
(Burial, cremation, or removal, which?) Date thereof 2/22/45
(month) (day) (year)Cemetery or cemetery St. Johns cemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 20 Feb 1945
(Date rec'd by registrar)Elizabeth Y. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19, 1945 at 10:20 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

19. to 1945and that I last saw him DEAD February 19, 1945

Immediate cause of death

Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

R. W. Barr Ex.
M. D. or other
Frederick, Maryland Date signed 2-20-45
Address



M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *7th*

CERTIFICATE OF DEATH

01760

131

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Frederick
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 5 years

Hospital, institution, or street address where death occurred:

14 South Market Street

How long in hospital or institution?.....

3. (a) FULL NAME

CARROLL SAXTEN YOUNKINS

4. Sex..... 5. Color or race..... 6. (a) Single, married, widower, or divorced

Male..... White..... Divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... 8. (c) If alive, give age..... years

March 14-1907

8. AGE: Years..... Months..... Days..... If less than one day

37 9 6

9. Birthplace..... Frederick County Maryland

(Town, county, and state)

Bricklayer

10. Usual occupation.....

11. Industry or business.....

12. Name..... Jasper P. Younkins

13. Birthplace..... Frederick Co. Md.

14. Maiden name..... Lizzie Jennings

15. Birthplace..... Frederick Co. Md.

16. Informant..... Jasper P. Younkins

Address..... Middletown, Md.

17. Burial..... Date thereof..... Feb. 23-1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ground..... Locust Valley Cemetery

Location..... S. of Middletown, Md.

18. Funeral director..... C. E. Cline and Son

Address..... Frederick, Maryland

19. 21 - Feb..... 19. 45.....

(Date rec'd by registrar) (Date of death)

Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 14 South Market Street

(If rural, give LOCATION)

2. (a) If veteran, name war..... World War II

3. (b) Social Security Number

217-10-0496

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... Feb. 20

19. 45 at 12:15 P.M.

21. I CERTIFY THAT Death occurred on the date above stated; that I attended deceased from

and that I last saw h... M. alive on Feb. 20 19. 45

Immediate cause of death.....

acute atherosclerosis

DURATION

48 hrs.

Due to..... chronic atherosclerosis

10 years.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE..... P. W. Baer Deputy Med Ex.

M. D. or other

Address..... Frederick, Md. Date signed 2. 20. 45

